

SOCIAL WORK in the CURRENT SCENE 1950

SELECTED PAPERS, 77TH ANNUAL MEETING

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Foreword

THE PROCEEDINGS of the 1950 National Conference of Social Work appear this year, as they did last, in two volumes of which this is the second. This volume contains 34 papers that were presented at section meetings at the Atlantic City sessions.

The first volume, *The Social Welfare Forum, 1950*, contains all the papers delivered at the General Sessions and, in addition, five papers from the section meetings. These five papers were added in order to equalize the length of the volumes. *The Social Welfare Forum, 1950*, also contains a 50,000-word summary of the Conference sessions, including those of the Associate Groups.

In making the selection of the section papers, the Editorial Committee was guided by several criteria, chief among which were range of subject matter and timeliness. Many papers that merited publication were excluded, but it is expected that some of them will be made available to the field through the columns of various social work periodicals.

The experience of the Editorial Committee, in discharging its difficult assignment of making a limited selection of articles, confirms the validity of the long-range publication plan which is scheduled to go into effect in 1951. This plan, recommended by the Study Committee of the National Conference in its report of 1949 and subsequently adopted by the Executive Committee, provides that the *Proceedings* be published in four volumes. One volume would contain the papers delivered at the General Sessions together with a summary of all other meetings, and three volumes would be devoted to selected papers from both section and Associate Group meetings. When the plan becomes effective, the three volumes will follow the main divisions of the Conference: Services to Individuals and Families; Services to Groups and Individuals in Groups; and Services to Agencies and Communities.

As was true of the 1949 *Proceedings*, this year's two-volume edition permitted the inclusion of more papers than was possible in

former years. The Committee is of the opinion that these two volumes, although inevitably limited in coverage, do succeed in presenting the main outline of recent developments. Discussion of techniques in the various field specializations—casework, social group work, community organization, and research—as well as program emphases are included. Of special note is the trend toward cooperative community endeavors and a multidiscipline approach to various problems. The number of joint sessions, as well as the content of the papers, suggests that rigid barriers of specialization are giving away and that a sound professional integration of philosophy and method is taking place.

This Conference, more clearly than any previous one, undertook to clarify the differences between the two current major philosophies in casework. Two of the many papers that dealt with the aspects of functional or diagnostic practice are included in this volume, one by Dr. Jessie Taft, speaking for the former orientation, and the other by Charlotte Towle, for the latter. These two presentations, each discussing psychological principles of education and learning, provide a clear and authentic base for study and comparison of the two casework philosophies.

In making its final selection, the Committee endeavored to include a wide range of opinion and, in controversial subjects, papers presenting divergent views. The *Proceedings*, like the Conference, should be considered a forum; the responsibility for opinion rests entirely with the authors, and not with the Conference.

The committee members who participated in the selection of the papers were Bess Craig (Cleveland), Helen Rowe (New York), and Cora Kasius (New York). Lester B. Granger, First Vice President of the Conference, Joe R. Hoffer, Executive Secretary, and Ruth M. Williams, Executive Assistant, served in an ex-officio capacity. The work of the Committee was facilitated by ratings submitted by the Section chairmen who took responsibility for appraising the papers presented at their respective sessions. The Committee is indebted, too, to Dorothy M. Swart, of Columbia University Press, who again assumed responsibility for the editorial work on the manuscripts.

CORA KASIOUS
Chairman

New York, New York
September 1, 1950

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PART ONE: PROGRAM

THE GREAT WALL

Community Organization in Support of Public Welfare Programs

By RALPH H. BLANCHARD

AT THIS TIME, when the term "welfare" is at one and the same time a vote-getter and a term of opprobrium, a symbol of something everybody wants and a label of fear, a reason for generosity and an excuse for curtailing services no matter what the auspices may be, I suspect there is no more significant subject in social work than this one we are considering.

In this postwar world, we are witnessing a swing of the welfare pendulum from rapid growth and development of needed health and welfare services to a position of question and doubt about the cost of these services. This is not too surprising. War-induced necessities put the spotlight on our welfare inadequacies, and in our patriotic enthusiasm we took great strides toward more adequately supporting services which would promote the health and welfare of our citizenry and thus help win the war. To be sure, these strides have sometimes looked longer than they actually were. For example, although total expenditures for health and welfare services as reported for thirty-one cities were 41 percent higher in 1948 than in 1946, this increase is reduced to approximately 11 percent if the figures are adjusted for increased population and decreased value of the dollar. Viewed in this light, some of our war gains might shrink from the almost heroic proportions which they assumed in our minds during and after the war.

It is a truism to say that democracy is synonymous with change and growth. Even as we have a basic philosophy built on the belief that all men should have equal opportunities for a good life, so do we believe that these opportunities change and grow as knowledge and new industrial, social, and economic developments become a part of our culture. It is not enough to show gains in the size of our

population and the number and quality of things produced and consumed unless side by side there is also growth in necessary social programs which make possible the full appreciation and use of these developments by the people for whom they were intended. Any idea of status quo in the field of social work is completely out of step with our basic American concept of progress.

To those of us who are in this business of social work today, whether as board members, volunteers, or paid staff members, is given perhaps one of the greatest opportunities in the history of the profession. How can we in the face of doubt, of question of recurring international crisis, of limited amounts of money available for the vast needs of national defense on the one hand and social security on the other—how can we offer the kind of leadership which is needed to assure progress in our vitally important public welfare programs?

The importance of these public services to total health, welfare, and recreation programs is reflected in the figures released through the Expenditures Study of Community Chests and Councils of America. According to this study, the average American community spends annually between thirty and fifty dollars per capita for these purposes. Of this amount between 45 and 60 percent comes from public sources and only 5.7 percent, on an average, from the community chest.

In the past fifteen years we have also seen the birth of a social insurance program. Although this law is on the books, it has not yet had an opportunity to reflect its true value, in part because of its youth, but, more importantly, because of its limited coverage and relatively low rate of participation. The net result is the disquieting fact that the average benefit is inadequate, comparing unfavorably with assistance for the aged under our public assistance program. This is hardly the result anticipated by the authors of this legislation, nor is it a solution about which we as community planners can be complacent for the future. If we believe in a social insurance program as a fundamental approach to meeting the needs of retired persons and cushioning the shock of other hazards of life, it is imperative that we extend and strengthen this basic public welfare program.

If community organization is rightfully conceived as the process through which the many diverse interests and forces within a community can be brought together on a democratic basis to arrive at appropriate solutions to health and welfare problems, then surely community organization has a tremendously important role to play in achieving support for public welfare programs.

When we speak of community organization in support of public welfare programs, what goals do we have in mind? In defining the objectives of community welfare councils we usually list them as the promotion of:

1. Growth and development in health, welfare, and recreational services needed by people
2. Balance and orderliness in this growth and development process
3. The highest possible quality and efficiency in the operation of these services
4. Coordination of effort and thus total community efficiency in the field of health and welfare
5. Making services readily available to people as and when they need them regardless of race, creed, or economic status

These objectives hold true regardless of the auspices of the services, whether public or private. In fact, they take for granted the existence of both kinds of services.

Now what are the special characteristics of public welfare programs which must be considered in achieving these objectives, public welfare being broadly defined to include health, welfare, and recreation? First, the program must meet a generally recognized need of large numbers of citizens. Secondly, the program is both authorized and limited by legal statute. Any major program change requires new legislation, and the program may therefore not be quickly responsive to social change. Thirdly, the program is supported by taxes, either through direct appropriation, public levies, or special bond issues. Fourthly, the program is administered by officials who may be either politically appointed or under civil service.

Given these special characteristics of a public welfare program, what community organization methods can be employed to achieve

the desired objectives? First, if the program is to meet a generally recognized need of large numbers of citizens, obviously it is important to determine what and how extensive these needs are. This calls for a program of fact-finding and research, including data on social and economic conditions in the community and service statistics so that information will be available at all times about what is being done for people. It also requires a look at requests for service which cannot be met through existing programs.

Having decided what the community needs, it is important, secondly, to develop and apply criteria which will help determine whether the particular program should be under public or private auspices. Recognizing that historically there has been a gradual process of evolution from private to public auspices for health, welfare, and recreation services and that the stage of development varies from community to community while the areas of operation are not mutually exclusive, it is still extremely important that the community should work out a conscious statement of policies which will broadly define the functions of public and of voluntary agencies. The councils in Chicago, Boston, Atlanta, and many other cities have developed such criteria. They have found that such a statement helps to keep programs flexible and moving in a way to strengthen both public and private services. It helps avoid the continuing operation of programs by private agencies solely on the basis of precedent, habit, or vested interest, and also the artificial division of responsibility between existing public and private agencies operating within the same field. Such policy helps minimize rivalry and promotes a feeling of partnership between public and private agencies. There is good cause for believing that a periodic review of the division of responsibility between public and private agencies operating in a given field, which results in realignment of services and changes of programs, can go far to assure maximum value for the citizen dollar raised through both tax and private sources. We must drive home the lesson that after a social work project has been taken over by the government there is even greater need to retain citizen interest and control. Just because a piece of work is carried by government is no sign that public interest should be lost. Quite the contrary.

Thirdly, an increasingly important contribution of community organization in relation to the support of public programs is the interpretation of the need for the services and the services themselves to the public. Implicit in any such interpretation is an honest statement of the facts as to the nature and size of the problem, the kinds of services which are best suited to meet such a need, and the ultimate cost to the community if the need is not met. It is shocking but nonetheless true that it often takes a crisis like a murder by a teen-ager to arouse the community to the need for a mental hygiene clinic. Somehow we must learn how to interpret the need in terms of already known facts instead of waiting for a terrific crisis to bring home to the citizenry the need for services. Indispensable to this job of interpretation is the citizen advisory committee or board of a public department. A group of community leaders with inside information about the problems and importance of the agency, plus a sensitivity to community attitudes, can serve as an effective liaison between the public agency and its public, including the community welfare council.

A fourth important community organization method is that of helping to develop good program content. This covers such important matters as standards of care, the cost of foster home placements, laws affecting adoption, and standards for institutions for the chronically ill and the aged. It also covers establishment of policy on types of problems to be handled and intensity of service as opposed to quantity of service to be offered, all of which will be determined, in the main, by the qualifications which are set for staff members.

Last but not least of these community organization contributions is the field of legislative action, where there is involved the preparation, introduction, and support of legislative measures which will bring about desired public programs. There may be a new measure to deal with, or only the amendment of existing legislation. Furthermore, the business of legislation is obviously ineffectual without proper attention to adequate appropriation support. How often have we seen good legislation on the statute books completely nullified by an inadequate appropriation to enforce it? It is not sufficient for a community welfare council to pass a pious resolution

giving general backing to an appropriation measure or parts of a measure which particularly appeal to it.

In considering community organization methods which contribute to the development and support of public welfare programs we should remember the obligation of community organization for health and welfare to relate itself to similar activities in the broader fields of economic and physical planning. Likewise, community organization has the role of relating public health and welfare services to fundamental social and economic problems which affect the need for such services. The relation of slum clearance to housing and health, of unemployment to vocational and job counseling services, are too familiar to require elaboration. The interrelationship of all these problems and their further relation to existing services certainly need to be kept before the public at all times, to say nothing of the necessity for shifting and modifying services as these fundamental factors change. Public services have shown great adaptability to the changing economic conditions of the past twenty years—more so than private services in many respects—and community organization can help them retain and extend that flexibility to meet the needs of tomorrow.

Increasingly, public departments of health, welfare, and recreation are seeking informal review of their budgets through community organization channels in much the same way that review is given to voluntary, chest-supported agencies. Such reviews of public budgets have been made in Chicago, Pittsburgh, and other cities. Councils in many communities take responsibility for preparing budget material for the consideration of public appropriating bodies as well as of chest budget committees. This material may include a broad statement about the total field of service, what is meant by the term "recreation, welfare, and health," just what specific services are offered in the community in this field, what gaps in services are recognized by the planners, and what priorities should be given consideration by appropriating bodies in determining the budgets of departments or agencies. As such statements interpret the respective roles of the public and voluntary agencies they help the giving public get past its confusion about why it is

important, not only to pay taxes, but to support the community chest.

Frequently overlooked is the important matter of clearance by public officials of impending policy changes. This is not to say that the council should serve in any authoritarian sense on agency policy. Rather it is recognized that in the interdependence of agencies it is impossible for one to make any major policy change on such matters as age groups served, limitations on the kind of problems or needs which can be met, or the extension of program to include groups in whole or in part served by other agencies without affecting all others. It stands to reason that people will get hurt in the process of readjustment unless clearly understood methods are worked out in the transition period while policies are being shifted. Such policy clearance is equally important for private agencies and for public. It is the size of the public program and its greater service area which usually make its policy changes more serious than those of private agencies.

So far, we have been talking about the objectives and methods of community organization as they apply to public welfare programs. But what really makes this relationship meaningful? Obviously, much depends upon those we are talking about when we speak of the community welfare council as the organization through which the community plans. In recent years we have been prone to say that health and welfare are essentially citizens' responsibilities. By that we mean that there is need for a citizens' and agency organization, representing a broad cross section of community interests, which will look first at community problems and then develop services to meet the needs. This broad cross section must be representative of the interests, not only of agencies, but of many other groups in the community, such as industry and labor, professional workers and laymen, racial and nationality groups, the religious faiths, the rich and the poor—in short, all groups having a concern with conserving and promoting human values. This concern must be with the total life of the individual, recognizing his physical, mental, emotional, and spiritual needs. The mandate for community planning comes from all the people and all interests, and

elements of the people have a right and a responsibility to participate in it.

Community planning rests upon a profound faith in human beings and in their inherent right to choose their own destiny through social relations of their own making within the framework of a stable and progressive society. This concept of an inclusive membership and participation in a citizens' organization makes it self-evident that any such council must depend heavily upon the participation of public officials and their advisory boards and committees in the planning process. It goes without saying that all public departments which have a concern for some aspect of the health, welfare, and recreation programs in the community should be full-fledged and actively participating members of the community welfare council. By "participation" we mean such specific activities as serving on council committees, reporting regularly on social statistics, and taking part in community studies, as, for example, cost of living studies, the need for mental hygiene clinics, surveys of housing needs, studies in regard to the distribution and adequacy of services in the various fields.

A successful community welfare council is one which is truly a people's movement, a council which is free to speak out the truth about needs and services, which has the courage of its convictions, and which carries a leadership role which many times puts it out in front of special interests in the community. The council's goals are frequently beyond the immediate reach of either tax- or chest-supported programs. How frequently have we seen a situation where the council for years has educated the community to the need for a child guidance clinic, or to the idea of merging the county and city health departments, or to the value of a unified public assistance program before the desired result was accomplished? The significant thing is that the need has been identified and that a systematic program has been developed to achieve the goal. And public support has come when this need has been generally recognized as an important measure for a large number of citizens and a measure which could be adequately supported only through public resources.

There are many unresolved problems in this community organi-

zation picture as it affects public welfare programs. Not the least of these is the question of the responsibility of public agencies to help support the planning function. There have been a few notable developments, as, for example, in Buffalo, where both the county and the city make appropriations for the support of the council. In the great majority of cities, however, public agency support of councils has been conspicuously lacking over the years. In the absence of public agency support, we find that the chest tends to consider expenditures for the council as a percentage of the total amount raised in the chest campaign. Too frequently it is forgotten that the job of the council is not simply to be a handmaiden to the chest in helping plan for privately supported services but rather that the bulk of the job in terms of dollars and cents, as well as services to the total community, is that of influencing public services. Council expenses should be related to total health and welfare expenditures, not just chest campaign totals, and public agencies and departments should each carry their fair share of the total planning load.

During the study of public agency-council relationships made in 1945 it was learned from public officials who were questioned particularly regarding their opinion on council auspices that they preferred to work through councils which were under private auspices. This was because such auspices seemed to them to provide greater freedom of action and expression; councils could speak out on behalf of public programs without being accused of promoting their special interest. It seems to me that this, together with the matter of public financial support of planning programs, constitutes a most meaningful comment on the subject of this discussion, which is that public and private forces must continue to attack these vital problems in harmony, each carrying a fair share of the load and both sharing in the results. It has often been stated, and seems self-evident in 1950, that the vitally necessary work of health, welfare, and recreation in any community presents a unified pattern in which public and voluntary services are interdependent. Just as the strength of one becomes a strength for all, so an attack on any one part of this chain of services indirectly weakens the others. The genius of America is her capacity to join public and private forces

in the solution of her most pressing problems. This has been shown in the field of education, and it has been demonstrated over and over again in our field of health and welfare. Woodrow Wilson well said that "the highest form of efficiency is the spontaneous cooperation of a free people." We must achieve greater efficiency in precisely those terms in developing our health and welfare programs.

Federal Financing on the State Level

By *EARLE LIPPINCOTT*

FINANCING VOLUNTARY SERVICES is the task of producing dollars enough for program enough, beyond reasonable doubt or question of any nominally intelligent citizen—social worker or not social worker. The undertaking seems to be complicated by multiple and competitive campaigns which tire and confuse givers and campaign workers; by overdramatization and support of one need to the eclipse of many, or by failure to dramatize need, with consequent loss of giver interest and support; by loose budgeting and campaign targets based upon what the intensively cultivated traffic can bear, or by such tight budgeting that penny pinching replaces promotion, while enthusiasm dies.

How did this job become so complicated? I submit that this nation has turned the full cycle of a generation of united campaigning. Thirty-five years ago the going got tough for many social agencies because their competition for support wore their welcome thin among their givers. At that time, community chests developed. There seems to be no question that the application of the principles and practices of federation in launching the community chest movement brought great benefit to people served, to agencies serving them, and to contributors.

Just as obviously, the practice of federation by community chests during the past thirty-five years has fallen vastly short of fully meeting either the voluntarily financed health and welfare needs of the nation or the needs of the contributor. Witnesses to this fact are the many and flourishing separate campaigns now supporting health and welfare services. These campaigns may be wasteful, bothersome to givers, hazardous to chests, but they can take place and continue to attract support only as they meet needs which are otherwise unsatisfactorily met. Apparently, the confusion of these very separate campaigns, which reveal great shortcomings in

federated practices, now sets the stage for a renaissance in federation.

I am convinced that deep within themselves almost all people want to give enough money for enough program, local, state, and national; that they want their money raised and used efficiently; and that they want drama as part of their support of good causes. If this is what our people want, the principles of federation offer the possibility of giving it to them. And if this is to be what our people get, the over-all practices of federation by which they secure it must be better than those of the past, as well as more inclusive.

Examples of state-wide approaches to a solution of the multiple appeals problem include the following:

1. The Community Research Council in Minnesota, which reviews and endorses state and national appeals, sets county quotas, assists small communities in organizing chests, but presents no "package" of agencies to any locality for acceptance and conducts no state-wide campaign for funds.
2. The Massachusetts Community Organization Service, which made a study of multiplicity, recommended developing a state and national package, submitted a quota breakdown for state-wide use, and further recommended a budget review for intrastate agencies. The last recommendation is being put into practice, and the other two appear to be on the way to fulfillment.
3. The Oregon Chest, which includes fifteen intrastate agencies and has an annual goal of nearly a half million dollars. Local chests of Oregon assume their share of the state-wide goal, and the state organization assists campaigning counties which do not have large chest coverage. Although the Oregon Chest has not attempted to include national agency appeals, its acceptance and production have improved through its four peacetime campaigns.
4. The United Health and Welfare Fund of Michigan, which attempts to put together a package of state-wide and national agencies, then conducts a campaign for the member agencies in the package.

By way of illustrating state-wide experimentation in the use of federation, I shall refer to Michigan in some detail. There are at least two things to bear in mind about Michigan's state-wide federa-

tion: First, it is a citizens' movement. Members of business, farm, labor, and management groups have been solidly a part of it from the beginning. Secondly, certain things can be reported now as having happened in this effort. This does not mean that all things were intended as they really turned out. Neither does it mean that these occurrences are right or wrong in the long run.

The purposes for which the United Fund was set up are: to have fewer more efficient campaigns in adequate support of voluntary health and welfare services; to support needed health and welfare services more nearly in proportion to the different actual needs for such services; and to use equitable quotas, for this state in the nation and for each county in the state. How far the United Fund moves toward these objectives depends upon the leaders in various counties of the state, upon leaders of chest and council activities, upon leaders of health and welfare agencies, and upon contributors and their leaders. Let us consider what they think and do about the state-wide organization.

Counties.—The United Fund was created by progressive county leaders to provide some common services. The common services include: reviewing and approving the budget needs of state and national agencies; preparing a goal for the needs of the state-wide and national operations of participants; dividing the state-wide goal equitably among counties; planning and promoting the state-wide campaign; producing and providing campaign supplies; and giving field service to assist counties in organizing and conducting their campaigns. County units are autonomous so far as is compatible with state-wide unity of action—and sometimes farther. The only bond is common cause.

So far as I know, every county in Michigan would have welcomed a federation which included the American National Red Cross, March of Dimes, American Cancer Society, American Heart Association, and others deemed appropriate. The United Fund offered the counties a much less well-known package. What do the counties think of this? Some of them take the package as a start, then by local negotiation they add local chapters of agencies that are not participating on a state-wide basis. Other counties condemn the package.

The leaders of a county are given the reasons for minimum uniform practices, very often by their United Fund board members. The matter boils down to this: "Is the United Fund your baby or not? Are you part of Michigan, part of this new experiment, or not? Do you want to help or hinder the other counties which are doing a job? OK, Joe, what do you say?" If Joe still wants his own way, he gets it by taking it. He sets his county up in a partial isolation of selfishness. Only gradually do such counties become ready to join the team. Based upon three satisfactory years of War Fund experience, this gradual, fluid development of state and county working relationships seems sound for the long haul.

Honest respect for county and other local autonomy, distribution of the net state-wide goal without any safety factor in it, and beginning the campaign together with the counties that are willing and the agencies that are willing—all these conditions combined make inevitable a dollar production less than 100 percent of goal during the first few campaigns of a state-wide fund. But apparently they also make inevitable an understanding and successful growth, on a basis of expanding, solid confidence, with dollars increasing as coverage and teamwork increase. The often startling success of United Fund campaigns where localities do conduct them also gives impetus to increasing state-wide coverage and production.

The simplest summary of what Michigan counties think of their state organization is this: Over half of them, covering from 80 to 90 percent of the state's giving capacity, were far enough along in their development to participate in the second campaign. My conservative and completely unofficial guess is that in the second campaign, allocations to member agencies will be more than 70 percent of their approved budgets. This is a great improvement over allocations from the first campaign at around 50 percent of their approved budgets. But may we all remember that participants in the United Fund received more money, even during its first campaign, than they had received from Michigan during either of the two previous years.

Community chests.—There is this major difference between state-county relationships and community chest-United Fund relationships: the sixteen chests with professional staff have been

kept carefully with the United Fund but not of it—this by mutual desire and mutual agreement that federation could best be extended in that manner.

In Saginaw and Lansing, for example, chest staff members have conducted productive chest campaigns in October; United Fund campaigns, in February. In Flint and Detroit a new umbrella-type campaign organization was set up to conduct the chest campaign, the United Fund campaign, and others in October. It was a campaign partnership, consisting of well-publicized joint efforts to use a common campaign facility. These campaigns were also productive. But where a local chest simply opened the door, accepted the United Fund quota, perhaps an additional national quota or two, then carefully explained the 25-30 percent increase, but did not symbolize it by new organization, by two boards of two federations getting together in one campaign, production was not good. The idea of extending federation to its full use has attracted many additional leaders into action. But how useful a state fund and its leaders can be to a chest probably depends equally upon the state organization and the particular chest involved. The United Fund has seemed to help the chest whose leaders consider the whole of federation as their business.

Agencies.—Michigan efforts have not eliminated the problem of multiple appeals; however, these efforts have lessened the number of separate campaigns. In Michigan the leadership for the Michigan Heart Association, for the Michigan Chapter, Arthritis and Rheumatism Foundation, for the Michigan Chapter, Sister Elizabeth Kenny Foundation, and for the Michigan Chapter, United Cerebral Palsy Association, are fully capable of mounting substantial state-wide campaigns. As matters stand, these four appeals are part of the United Fund. The leadership from these relatively new health agencies adds up to great support for the United Fund campaign.

These leaders say two main things about the United Fund: that their agencies have done better in Michigan during the past two years than most other chapters have done in their separate campaigns; and that their programs are advancing more rapidly than those of many other chapters because they spend proportionately

more time developing program than sweating out all the details of campaign.

All agencies which team up in a new state organization for united campaigning share an opportunity. That opportunity is to shape the practices of federation anew, by polishing up proven devices and developing new ones. To a degree which is new in my experience the leaders and staff members of participating agencies seem to feel little difference between the agency's welfare and the welfare of their campaign organization. Their volunteers are often on both boards. And right down the line, these volunteers have been as ready to work, to give and take, for one organization as for the other.

Contributors.—To some extent the state fund in Michigan started as a givers' revolt. That it was a revolt against methods of giving and not giving itself seems evident from the fact that hold-out agencies are being repeatedly urged by many of their best supporters to federate, but they are not being systematically boycotted. The United Fund has consistently urged a demonstration of ability to raise enough money as a much better argument for federation than boycott. The United Fund has also urged two united campaigns, one in the fall for community chests and one in February for the United Fund, for an indeterminate length of time. But management and labor not only wanted fewer campaigns, they wanted as few as possible—and that is one.

The industrial cities, such as Detroit, Flint, and Pontiac, seized the one-campaign idea and used it with tremendous success. Will the less highly industrialized cities which follow their example succeed as well? Will one united campaign annually work as well as two, both in raising money and in maintaining enough united campaign pressure and visibility to bring in the present holdouts? Only time and experience can answer these questions about conditions which grow, I think, much more from giver enthusiasm, giver reaction to intolerable multiplicity, than from giver desire to dominate the situation or to set arbitrary ceilings of giving. The great increase in size of gifts and number of givers wherever the United Fund-chest campaign was widely and clearly understood seems to support this evaluation.

Apparently the 300 United Fund board members from all over the state think that the givers of Michigan will give money enough for voluntary program enough to reach ultimately every citizen who needs it. In spite of a higher figure for overhead than anyone wishes, the board has authorized enough staff to cover the whole state for a campaign up to \$7,000,000 or more, that is, for attaining a campaign goal more than four times as large as the goal of either one of the first two campaigns. Not only that, the twelve professional staff members are experienced in program administration or development as well as in campaigning. Each field man is fully qualified to perform in nonchest counties, not only campaign functions, but council functions, in cooperation with the state planning organization.

In concluding a bare sketch of state-wide efforts to develop more orderly campaign procedures, this generalization seems justified: The multiple-appeals problem has not been solved yet. Some valuable remedies are being developed which indicate that a solution is possible and that an improvement of the general health of support is also possible.

National efforts.—The joint action of Community Chest and Councils of America and of the National Social Welfare Assembly seems to be the prime hope for help from national efforts to bring order out of campaign chaos. The joint activities of these two organizations related to support for national health and welfare agencies fall largely into three jointly sponsored committees: the National Budget Committee, the National Quota Committee, and the Joint Committee on Better Organization of Support for Social Welfare.

The National Quota Committee is a subcommittee of the National Budget Committee. The Joint Committee on Better Organization of Support for Social Welfare is the most recently formed, being about a year old. The National Budget Committee was reestablished in 1946 to review nationally and to recommend a national budget for each agency submitting its budget for consideration. This was done because local communities could not do such a review adequately for themselves.

The National Quota Committee is concerned with developing

and revising quota plans for distributing national budgets equitably in the states and communities of the nation. The Joint Committee on Better Organization of Support for Social Welfare devotes its efforts largely to evaluating services of national agencies and to developing better local understanding of the work of the National Budget and National Quota Committees. The value of the work of the National Quota Committee is attested by representatives of the American National Red Cross, who are not given to complimenting many of the tools used by federation. Only last month, certain officials of the Red Cross met with the Committee. They said, in effect, that since the organization of the National Quota Committee, the Red Cross has given up its own researches in calculating state quota guides and has accepted the work of the National Quota Committee instead.

Speaking as an operator in state and local situations, I think the weakness of these three, closely related, national efforts is more in their remoteness than in their quality. They have both the strengths and the headaches of being voluntary; and such voluntary efforts can be strong only when they are fully and broadly understood. These comments about the National Budget and Quota Committees have recently reached me:

From some professional chest executives who are members of the National Budget Committees: "All we do is approve campaign targets."

From a large city chest executive: "CCC has done nothing but increase national agency budgets in all of this review and distribution furor."

From some staff members of national agencies who have submitted their budgets for review: "We have spent hours, days, weeks, years, in this whole process and still see no more dollars."

And from an otherwise perfectly intelligent chest man who had just heard national budget and quota activities explained and discussed: "I find myself a little at a loss here."

All these comments cannot be true, but the last one seems to explain most of the others. It may explain also the need for the Joint Committee on Better Organization of Support for Social Welfare. How can these national efforts be properly used or evalu-

ated until they are more broadly understood? Is not the immediate task to develop common knowledge and support of the values in present national efforts? And then improve them while testing them by broad use?

To speak of local efforts, state efforts, and national efforts one at a time is a necessary convenience. But it seems to me that such separate treatment must not symbolize any actual separateness of such efforts. Great separate accomplishment in raising money enough for program enough by one approach without relationship to both of the others seems neither desirable nor fully productive.

The Community Welfare Council and Social Action

By VIOLET M. SIEDER

THE TIME IS LONG PAST when anyone who gives more than lip service to the objectives of community welfare councils can seriously question whether social action is a part of the planning job. A review of council newsletters, bulletins, correspondence, and annual reports is convincing evidence that councils today engage in many forms of social action. They speak up publicly for and against bills; they support public appropriations, bond issues, and tax levies, and other measures to improve the coverage, quantity, and quality of public services. This action runs the gamut from licensing laws, personnel standards, size of budgets and consolidation of city and county departments, to the development of new services.

If it is true that councils have generally accepted social action as a part of their responsibility, why is this question still either handled with kid gloves or hotly debated whenever social planners get together? The essence of the problem seems to be finding a way for councils to maintain a leadership role with all important interests and elements in the community, and at the same time remain free to take the strong stand necessary to bring about social change even though it may offend certain special community interests. This is a very real dilemma.

If the council sticks to "objective" planning, involving fact gathering and presentation of all sides of the question, it is accused of being a debating society. This kind of community planning can easily disintegrate or degenerate unless the study and the talk can be converted into meaningful social action. How often have we heard the community welfare council accused of conducting endless committee meetings that have no tangible results? On this

score the impatience of businessmen, laymen, club leaders, labor, and professional people is well known in many communities. When, on the other hand, the council moves far out in front of public opinion and promotes legislation or other action on which the community is not convinced, it creates enemies or becomes an ineffectual voice crying in the wilderness of good intentions.

A look at the objectives of a council should give us some perspective on this social action responsibility. Although these objectives are differently stated in local constitutions and bylaws, fundamentally they agree that councils should enable citizens to work together to determine needs and to develop the health, welfare, and recreational resources to meet these needs; bring about an orderly development of a well-balanced health and welfare program; work for elimination of social conditions which cause social problems; promote the highest possible quality and efficiency in the operation of services; promote coordination of effort and thus total community efficiency; and make services accessible and readily available to people as and when they need these services regardless of their race, creed, or economic status.

Inherent in these objectives, expressed in such words as "work for," "bring about," "promote," and "make available," is the concept of improvement, growth, and change. This change is essential if social services are to keep pace with growth of knowledge about social problems, and with changes in social and economic conditions and in concepts of individual and family well-being.

Although a certain amount of this change takes place through the process of evolution, most of it requires conscious effort. The objectives of a council should take into account both public and voluntary services. Since public services are created by law and are dependent upon appropriations of tax money, any change in these services is dependent on legislative change.

The greater part of the welfare job is carried by the public services. This is obvious when we look at the percentage of money spent in any community for public services as compared with voluntary expenditures. According to the Expenditures Study of Community Chests and Councils of America for 1948, from 45 to 60 percent of the total health and welfare funds are received from

public sources, while the community chests provide an average of 5.7 percent, and the balance comes from other sources.

It seems self-evident that the council is obliged to take responsibility for legislative and other social action if it is to carry out its obligations in relation to the council objectives. In addition to the practical responsibility, it has a moral responsibility for social action.

A working democracy is dependent upon an expression of informed public opinion. It is not enough for us to express ourselves in relation to our government only by an annual visit to the polls. In our complicated social structure we rely on a multiplicity of special organizations to serve the various interests of our lives. We give these organizations the responsibility of expressing group opinion through various channels, including political action. This is true of the chamber of commerce, the medical association, the parent-teacher associations, labor unions, church and civic associations. The council serves this role for the broad field of social welfare.

The council operates without any authoritative relationship to its member agencies, each of which maintains its separate autonomy. Nor is the progressive council merely the sum of its parts, requiring separate formal action by the boards of its member agencies as a basis for unanimous action. Rather, the community welfare council has a voice of its own and speaks from the synthesis of agreement which reflects the administrative planning of the individual member organizations, but which neither binds nor is bound by any one of them.

The genius of this kind of council is its ability to provide the community with a central resource and spokesman to report the facts about needs and services and to propose remedies for health and welfare problems on the basis of a common agreement of the groups and organizations most concerned. This role gives the council a special prerogative and responsibility in our democratic system.

If, then, we accept the fact that social action is a legitimate function of councils in terms of their purposes and objectives, and that this involves implementing plans through legislation, appropri-

tion, and other devices, what are good principles and sound methods which should guide this action? First let us analyze the questions which plague most councils:

1. How do we determine the legitimate scope of council activity?
2. What is the best way to handle controversial issues?
3. Who should be the council spokesman?
4. How can we integrate the social action process into council structure?
5. How can we take the right political and governmental steps at just the right time?

Scope of council activity.—The scope of council social action activity is usually dictated by three considerations. First is the question of defining the scope of a council's job in the health, welfare, and recreation field. Is the legitimate province of a community welfare council limited to direct service programs in these three specific fields, or does it broaden out to include such programs as education, housing, race relations, displaced persons, and labor standards, which directly affect the ability of the service agencies to perform their jobs? This question is in part answered by a growing conviction that the planning organization should move beyond providing services to meet problems such as delinquency, mental illness, and dependency, and should undertake prevention. Increasingly, the council is turning its attention to such programs as social insurance, public housing, mental hygiene clinics, vocational counseling, and child labor standards. A good criterion for determining the legitimate scope of council activity is whether a project will either minimize the necessity for, or improve the quality and quantity of, welfare services.

The second consideration is the need to keep the job compassable. No council should spread its activities too thin over too many social action interests. Legislative work, to be effective, requires conviction on the part of the council membership, but it also requires an investment of staff and committee time and active participation on the part of member organizations and their constituencies. This calls for the setting of priorities on a selective basis. It is more important to succeed in a few significant undertakings

than to tackle all the potential local, state, and national programs that cry for attention, and fizzle out.

The third consideration is the fear of loss of financial support to the council and to the community chest on which it depends, if certain interests in the community are offended by the council action, or if social action threatens its tax exemption status. In spite of the best of techniques in developing citizen leaders, there will always be times when action which is aimed at the correction of a serious problem will offend some people. This will usually not be too serious if the decision for action has been based on the sound process of study, education, and interpretation, which has won a large degree of popular approval. It is usually true that on the same actions by which a council creates enemies it also wins new friends. It is important that the balance be in favor of the friends.

The fear of loss of tax exemption is an old scarecrow that flaps its arms periodically in spite of the fact that in no instance known has any council lost its tax exemption because of legislative activity. Exhaustive studies have been made by well-qualified legal experts on an interpretation of the Federal law, Section 101 (6) of the Internal Revenue Code, which defines this tax exemption. For example, in June, 1948, a committee of the Welfare Federation of Los Angeles Area, in a report on legislative activities of the council, stated:

The limitation with respect to the influencing of legislation has two aspects. First, and most important, is the requirement that the legislative activity engaged in be directly and fundamentally connected with the purposes and functions of the organization, though not the sole or primary purpose of the organization's existence. Secondly, the activities, of whatever nature they are, must not be a "substantial" part of the organization's total activities from the point of view of either the money or the total man hours devoted to influencing legislation.

The problem in this situation is how to interpret what activity is "directly and fundamentally connected with the purpose of the organization," and, secondly, how much is a "substantial" part of the organization's total activities. These are broad policy matters which must be related to the specific objectives of each council and

which are influenced in part by the nature of the membership of the council itself. Obviously, a council made up of social agencies and putting its emphasis on agency services will be much more limited than a council which has a broad membership base and a broad concern for problems in the field of health, welfare, and recreation, of interest to all groups in the community.

Considering the number of councils that over the years have engaged in the various aspects of social action and social legislation with no loss of tax exemption, it is difficult to understand why some communities are still hiding their lack of activity and effectiveness behind an imagined threat on this score.

Controversial issues.—The second question that plagues councils, is how to handle controversial issues. Obviously, no council worth its salt will avoid troublesome questions which are fundamental to welfare programs. On the other hand, these problems take special handling, which means careful study, adequate discussion, good interpretation, and skillful timing. It also means that all the appropriate committees and departments of the council will be involved, and, even more important, that there will be real participation on the part of the delegate body.

If the delegate body operates as a forum for the discussion of controversial issues and as a guide to the board on policy-making, it serves its real purpose in a democratically conceived council. To be truly effective, however, the delegate body should act on important issues only on the basis of preliminary study. This can be achieved by sending to each of the delegates a statement of the problem and the alternative solutions, which can be discussed in their own organizations before the meeting of the delegates. A series of meetings may be indicated for a full airing of the question before any attempt is made to take action. Whenever a proposed action wins only a slim majority of votes, the council will be wise to avoid taking a public position on the matter. A better course might be to submit a digest of the issues and a record of the action to the various member organizations, on the basis of which each organization might take individual action if it so desires.

† This is not to say that a council ought never to act on controversial issues or, indeed, never consider them. The council is fall-

ing down on its job if it avoids such questions simply to keep peace in the family. More than once a council has been surprised by the unanimity of thought on the part of its membership when it has grappled with such questions as the Fair Employment Practices Commission, public housing, and similar matters.

Such success may be attributed to support of well-defined programs which tackle specific problems that have special meaning for the citizens in a particular community. This is in contrast to support of general or broad programs because they carry a "liberal" label, like socialized medicine.

As Louis Wirth stated at the National Conference of Social Work in 1949:

The function of social work has always been the enhancement and equalization of opportunity and the integration of all people into a common society and a common humanity. In this high calling, social work necessarily treads on what some powerful individuals and groups conceive to be their vital interests. It must take sides on controversial issues, since all the issues that matter are controversial.

Council spokesman.—The third question involved in arriving at sound methods for social action is that of determining who should be the spokesman for the council. It is frequently argued that professional social workers carry little weight with legislators when they press for action on programs of direct concern to them. It is true that if this is the only approach made to the legislature it would be inadequate. On the other hand, there is considerable evidence to show that legislators do appreciate an opportunity to discuss with social work specialists the technical aspects of a proposed bill or to get their help in drawing up a piece of legislation.

Since the legislative responsibility of our government operates through elected spokesmen, it is only natural that they should be sensitive to their electorate. It is obviously important to be able to demonstrate that the council spokesmen represent groups of people who are genuinely interested in the legislation, who speak with the authority of knowledge, and who can influence folks to give to, or withhold support from, the incumbent legislator. A council so representative that it can speak with authenticity not only for social agencies but also for labor organizations, civic

bodies, religious groups, and neighborhood organizations, is in a strong position to do just that. Particularly effective spokesmen are representatives of local neighborhood or community councils. Their membership is drawn from organizations serving people who live or work in a particular geographical area, such as parent associations, social clubs, labor groups, and other organizations. When the power of the vote is related to action on problems affecting an election district, the politician is not slow to move.

Social action in council structure.—The fourth problem involves the question of where to place responsibility for the social action process within the council structure. This is essentially a matter of developing a well-understood, workable procedure. It calls for decisions as to whether there is a need for a legislative committee, where the power to act resides in relation to the executive committee and the delegate body, and the divisions or project committees.

The need for legislation or other form of social action may originate in any of a number of ways. The executive committee may recognize the seriousness of a community problem, as for example, the need for fair employment practices legislation or a public housing program. A problem may come to the executive committee through one of the member agencies. Community crises such as unemployment or the exposé of overcrowding of mental hospitals may sharpen the urge for action. The findings of the statistics and research department, which may point up inadequate public assistance as evidenced through the high per capita cost of relief expenditures in private family agencies, may lead to recommendations for a larger public appropriation.

The usual method of identifying problems requiring social action is through the project committees or functional divisions of the council. A study of child welfare problems, for example, may reveal a need for a new adoption law. An analysis of health problems may indicate that the county and city departments of health ought to be merged. A scrutiny of recreation services may suggest that school buildings ought to be made available for recreation purposes.

Increasingly, local councils are stimulated to take action on

welfare programs through state-wide planning organizations. Good examples of these are found in Ohio, Massachusetts, New York, Pennsylvania, Michigan, and Wisconsin, to mention just a few. Through membership in these state organizations the local councils benefit from a legislative service which includes information bulletins, state-wide coordinating committees, and the joint timing of action by the separate communities.

National organizations are another means of keeping the community aware of the developments which require local support or interest. There is the well-known and valuable bulletin issued by the Social Legislation Information Service, Inc. Community Chests and Councils of America and the National Social Welfare Assembly send information to local councils about Federal legislation which would be of concern to them.

Legislative committee.—In view of the many possible points of origination of proposals for social action, there is self-evident a need for a clearinghouse within the council to avoid either duplication of effort or a crossing of wires. Many councils have developed a legislative committee or public affairs committee which serves some or all of the following purposes:

1. To know at all times the subjects and problems under consideration by the various arms of the council.
2. To establish priorities on issues demanding the attention of the council, which would be based on such criteria as possibility of achievement, availability of facts, timeliness in terms of community leadership, political expediency, relationship of issues to each other.
3. To establish a promotional plan which would include outlining steps necessary to assure a sound basis for action. These might include arranging for public meetings at which issues and limitations could be presented and discussed, for the framing of legislation, for contacts with legislators, county commissioners, appropriating bodies, etc., for reviewing specific bills proposed, for attending public hearings.
4. To serve in a consultant capacity to the divisions or committees of the council and the constituent members of the council interested in legislative activity.

5. To maintain and make available a current list of legislators, and legislative committees—local, state, and Federal—to provide a map on election districts, and to give information on the course of a bill and procedure in getting it passed in city, state, and national government.

6. To maintain a liaison relationship between the progress of legislative action and the committees of the council directly concerned.

7. To publish legislative bulletins and releases for council newsletters containing a digest of facts about current legislation, public appropriations, and public policy matters.

8. To make an annual tally of council legislative action as compared to the actual fate of the legislation in local, state, and national legislatures, and to indicate the outcome of other social action efforts.

9. To serve as a liaison with other local, state, and national organizations interested in welfare legislation.

The role of the legislative committee varies from community to community. In some instances it is considered autonomous and free to act in its own name or in the name of the council under certain conditions. In other cases it is required to report to the executive committee, where final action takes place. Considering the breadth of interests of councils in the many aspects of the welfare field and the importance of careful planning, from fact-finding to actual support or opposition of proposed action, social action is obviously too big a job for any one committee within the council structure to carry alone. Although the central legislative committee or public affairs committee must carry a central coordinating function and act as a control tower to keep the various activities moving in clear channels, it is obviously important that many of the aspects of the job be delegated to responsible departments and divisions for fact-finding, definition of principles which will serve as legislative guides to good professional practices and for relating the suggested program to the local situation.

The whole question of how the public affairs or legislative committee should be related to the delegate body in the whole scheme of social action is not too clear in many communities. This would

seem to point to the need for clarification of constitutions and by-laws which would carefully define the function of the executive committee, the legislative committee, and the delegate body and their relationships to each other, as has been done, for example, in Cleveland, Pittsburgh, Los Angeles, and New Orleans.

If we believe that in the delegate body resides the final power for policy-making and program direction of the council, it is only reasonable to expect that this body, with its official delegates from all the member organizations, should have a vital role to play in this important activity. If, as suggested earlier, the delegate body serves as a community forum for the discussion of community problems, including various legal devices for solving such problems, and if this consideration is timed in advance of the need for direct action, the executive committee and the legislative committee are obviously much better qualified to express the will of the council. Obviously, the effectiveness of the council's action is in direct proportion to the extent to which the council represents all community interests in its membership, and the effectiveness with which that membership participates in the action process.

In a crisis or an emergency this problem of council machinery is even more important. In such a situation the problem is how to protect the democratic process inherent in a council operation and at the same time effectively act on matters affecting community problems that are at the heart of the council program. Here again the key to the situation seems to be a year-round legislative program that is closely integrated with the total operation of the council. Then broad program objectives and major principles can be discussed and agreed upon by the council members in advance of the legislative session; then the legislative committee and the executive committee are able to take decisive action when obliged to move quickly. In Los Angeles the legislative procedure is carefully defined in such a way that the legislative committee or the executive committee is free to act in times of emergency within the limitations of the previously agreed-upon general principles and program objectives.

The major responsibilities outlined for the legislative committee raise some important questions about its composition and

function: Who should be on the committee? Should it include representatives of the divisions? Should the members be lawyers, professional social workers, civic leaders, labor leaders? How large should the committee be? What staff service does it need? How should the legislative committee be related to the state planning organization? When should legislative work be done by the state committee and when by the local organization?

Necessary steps for legislation and social action.—All of this leads to the fifth and last major problem in arriving at sound methods of social action. This is how to time and take the necessary steps for legislation and social action. In councils we tend naively to carry the torch of a righteous cause and expect it of itself to lead everyone down our path to a happy solution. How often have councils, after a careful job of fact-gathering and determining a needed course of action, wound up by passing a resolution which was subsequently embodied in a cold letter to an unknown legislator or congressman requesting his support? There the matter died—unless perhaps the congressman wrote a polite answer to the letter.

The lack of political know-how is perhaps the biggest stumbling block to council activity in this area. I expect that the elementary political steps might be classified as, first, the warming-up process; second, the introduction of a specific program; and third, the follow-through on legislative action. A major part of the warming-up process is a cultivation of political leaders. If we regard the politician, not as some evil by-product of our democratic system, but rather as an essential and important cog in the legitimate operation of the machinery, we will start off with several points in our favor.

Basic to any warming-up process is the assembling of the facts and acquainting the community and the council membership with the need for an action program. It is important to cultivate not only the legislators and public officials but also the plain citizens of the community. In this connection a speakers' bureau made up of people well qualified to meet with city and county organizations is a useful tool. It has been very successful in St. Joseph, Missouri. In Knoxville, Tennessee, the Council of Civic Organizations has been closely related to the council program in such a way that the

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council has had the full backing of these organizations on important legislative measures.

In taking the second step it is important that the council develop some positive measures instead of just waiting to approve or criticize programs promoted by a legislator, a public official, or another organization. The role of the council is to help the legislator through technical consultation, given not in a spirit of superiority, but in a spirit of humility and with a genuine desire to help. Three quarters of the battle can be won if the public official senses a feeling of partnership rather than a critical attack upon his efforts to draft legislation.

This partnership can be achieved only if the council takes the trouble to become familiar with the legislation already on the books which affects the situation, and is able to present a clear-cut case as to why and where there is a need for change. An example of this type of presentation may be found in the Denver Area Welfare Council, in which the Children's Laws Committee of the Family and Child Welfare Division prepared a careful statement showing the existing law on one page and opposite it, the proposed changes.

An excellent example of the initiation of action can be found in New Orleans, where the Health Division worked with the State Department of Health in formulating the content of provisions relating to commercially operated nursing homes for the convalescent and the chronically ill, preparatory to the development of an official regulation of nursing homes. This division also, at the request of the Commissioner of Public Safety, recommended appointments to the Advisory Committee on Health to the state department.

The best approach is often for the council to take the initiative in drafting legislation to which it can subscribe, and enlist the support of a sympathetic legislator to get the bill introduced. This requires a careful job of wording to make the bill a tight legal document. The Cleveland legislative procedure stipulates that this job should be delegated to legal experts or to the Ohio Citizens' Council. Although it may not always be necessary actually to draft the legislation, it is important to get information to the appropriate

legislator which will convincingly present the council's concern, both as to the need, the timeliness, and the strength of support for the action.

The council should not stop short of the third step on legislative action, which is the follow-through. One important technique that has proved successful in councils such as those in Reading and Berks County, Pennsylvania, in Pittsburgh, and in Sheboygan, Wisconsin, is inviting the legislators to attend council meetings which are open to the public. In Sheboygan, for example, five assemblymen and one senator attended a meeting at which legislation on health, welfare, and recreation was presented and where the legislators had an opportunity to join in the discussion and to get a first-hand feeling of community reaction. These meetings are sometimes planned in cooperation with the state planning body. This was done in Reading, where the meeting was jointly sponsored by the local council and the Pennsylvania Charities Association. The point is that legislators ought to learn to look to the council as a clearinghouse and testing ground for legislative activity in the health and welfare field.

Letters are important, but they have to be good. The best letters are those that personalize the request, show knowledge on the part of the worker, and, if deserved, give the legislator some pats on the back. Above all, it is important to let your political representatives know in a friendly way that you and those whose interests you represent are carefully watching what goes on in the capitol. It is always well to offer help and to ask for a reply. Nowhere does skill in letter writing pay off better than in this field.

A common step in follow-through is to send a delegation to public hearings. Spokesmen should be carefully selected in terms of how much weight they will carry in regard to both subject matter and the groups they represent. They should go carefully prepared with material and with the ability to answer questions. Sometimes it is just as well to turn over this responsibility to other organizations which may be in a better position to represent the council, as, for example, the state planning body or a national organization. This raises the nice question as to whether in the future councils should be able to look to a national organization to serve local

communities in relation to the national Congress much as state organizations do with state legislatures.

An excellent example of careful planning which resulted in successful action is found in Dallas, Texas, where the council helped put through a million-dollar bond issue for a juvenile welfare building which had been recommended in a study made by the American Public Welfare Association for the council. Previous efforts to pass bond issues had failed to get the approval of the majority of eligible voters in Dallas County. The council enlisted the help of a public relations firm, which made an analysis of the past history of bond issue voting by the county residents for facilities to be established in Dallas. It was believed that the majority of women who really understood would vote for this particular bond issue. It was generally admitted, though, that the voters in the county outside the city could defeat it. A speakers' bureau was set up, radio time was secured, newspapers gave full publicity, and thousands of handbills were issued to parents through the public schools and through the libraries in both city and county. Representatives of parent-teacher groups personally turned their persuasive powers on business firms up and down the main street. The bond issue was passed by an overwhelming majority.

Legislation on the books is of little value unless it is properly implemented with adequate appropriation. Support of public appropriations is increasingly an important form of social action engaged in by local councils. Indianapolis did an outstanding job in the support of the Marion County Department of Public Welfare budget. This involved reversing a highly critical public attitude toward the department, which had been freely expressed through such channels as newspaper articles and editorials, and changing it to one of cooperation. This was achieved through careful preparation of a memorandum which was widely used by the council, its committees, and the City Council, in answer to such questions as: Is the program needed? Is it efficiently administered? Is the budget appropriate to the job expected? How can the program be best financed? Council representatives appeared at a public hearing on the county department budget prior to its submission to the state Department of Public Welfare, and later again appeared in support

of the budget at the County Council hearing. Support of public appropriations carries additional weight when the council has received the budgets of public departments along with those of voluntary agencies as an essential process in developing a broad social welfare program in which public and voluntary agencies are interdependent.

An excellent example of careful planning and process in social action is the story of how Winston-Salem succeeded in getting a new juvenile detention home. First, the council spearheaded the program by calling a general meeting with the Juvenile Court judge to describe conditions in the jail for youthful offenders. Next, a Council committee was organized to get the facts about length of stay, kind of care, recreation services, etc. A newspaper report aroused civic interest. Information was gathered on similar problems and resources in other cities through such channels as the City Department of Public Welfare, the National Probation Association, and Community Chests and Councils of America. A plan of action was developed which included a subsidized boarding home with adequate budget, staff, and furnishings. Finally, the plan of action was implemented. Civic groups, the public department, Juvenile Court, and the council worked with the county commissioners and the Board of Aldermen to answer the questions: Is it a sound idea? How much will it cost? Winston-Salem got its juvenile detention home.

To be sure, this whole field of social action and legislative procedure presents problems, but as Sydney Markey stated at the National Conference of Social Work in 1949:

The several problems which councils report in legislative procedure are to be regarded as positive learning experiences to be cheerfully viewed. They are symptomatic of growth, of facing realities in a democratic system where conflict of ideas is a way of life. Councils practicing with the other segments of society to be found in legislative halls are showing their worth. They earn, thereby, the right to speak as the health and welfare planning authority of their community.

Community organization for health, welfare, and recreation is a long-range program in which action is a final step in a carefully planned chain of events which includes study, formulation of agree-

ments, community interpretation and education. We may well ask whether out of the accumulated experience of councils throughout the country there are emerging any principles which may serve as guides in legislative and social action programs. Tentatively, we propose the following:

1. Any social action should be undertaken only on the basis of knowledge of facts growing out of a study of problems which are the normal concern of the council.

2. Action should be based on sound principles of social work philosophy and practice, these principles to be understood and agreed upon in advance by the council membership.

3. Council action should be undertaken on a nonpartisan basis with approach to appropriate leaders in both political parties to interpret the problem and the recommendations. Legislation should be supported or opposed on the basis of its merits in relation to program and not on the basis of political sponsorship.

4. Action should be timed to follow appropriate interpretation and community education about the problem or need and the necessary legislative action to remedy it. This may take a matter of months, but more likely a period of years on questions of major change. This interpretation should be directed to the constituency of member organizations of the council, other community organizations with related interests, and to people where they live through their local district or neighborhood community councils or other citizen organizations.

5. In so far as possible, council action should represent the concerted efforts of community-wide organizations, social agencies, and neighborhood councils or organizations, through joint planning on such matters as visits to legislators, organization of delegations to public hearings, sending of communications and public statements.

6. Failure to succeed in achieving social objectives through action and legislation should serve as a challenge to councils to renew efforts. Legislative history indicates that it is a long, slow process. Legislative effort, even though unsuccessful, may dramatize and rally support more quickly than can be achieved through the long-term adult educational method alone. A direct plan of action

helps to crystallize issues, smoke out blocks to progress, and rally new support for the total council program.

7. Ability of the council to succeed in social action will be in direct ratio to the degree to which it is respected and used by organized community groups and citizen leaders, and public and private social agencies. This, in turn, will depend on the effectiveness of the council and its willingness to do a job.

8. Any individual member of the council, its legislative committee, or staff or board member of its constituent groups, has the right to use such means as he may deem appropriate to influence legislation on any bill in which he may be interested. In such instances it should be made clear that the individual is not acting as a representative of the legislative committee or the council.

In conclusion it may be well to underscore some of the trends which are shaping the effectiveness of the council in this broad field of social action and legislation.

1. A broadening of the scope of council activity beyond considerations only of direct social agency programs to such fields as housing, education, race relations, and other related fields

2. A significant advance toward a more inclusive council membership in cities of all sizes throughout the country, a membership which, as indicated by the growing use of the name "Community Welfare Council" instead of "Council of Social Agencies," is drawn from public and voluntary agencies, civic organizations, churches, labor, fraternal groups, neighborhood organizations, etc.

3. A serious approach to social action as a recognized part of the total council program and not just a by-product on a haphazard basis; this means taking real responsibility for carefully planning and executing action

4. Recognition of the need for a clear mandate in the council constitution and bylaws for a social action program which will make it possible to carry out the broad objectives of such organizations

5. The development of a partnership relationship to public officials so that social action becomes a positive help rather than a negative attack upon existing programs

6. The cultivation of a good working relationship with legislators, appropriating bodies, county commissioners, etc., on the basis of mutual helpfulness

7. A strengthening of the relationship between the council and other allied groups such as labor, churches, civic organizations, which have a mutual concern for legislative programs

8. A growing recognition of the importance of the state planning organization to give leadership and carry the responsibility for action on the state level

9. A recognition of the need for a national counterpart of the state planning body, through the National Social Welfare Assembly, for a more positive approach to legislation originated nationally which affects the local operation of welfare services

I am not unmindful that this is a period of community belt-tightening, when some citizens in every city view increased welfare spending and enlarged public programs as synonymous with selling our American birthright of individual self-sufficiency. This argument has little validity in the light of the complexities of this highly specialized and industrial age. It stems from the fact that most social action inevitably leads to increased expenditures for public services. The so-called "big taxpayers" are suddenly conscious that as "big contributors" to voluntary agencies through the community chest, they are responsible for supporting the community welfare council, an organization which in the name of "welfare planning" is increasing the size, quality, and coverage of public programs. A good way to "control" welfare spending, they reason, is to strike at the roots of planning, on the questionable theory that if we do not know our needs and do not tell the community about them we do not have to pay for the services to meet them.

Such shortsighted reasoning obviously fails to take into consideration the vast expenditures required to pick up the pieces of broken lives at a later date through expensive institutional care and treatment necessary to cure illness, crime, or broken homes, to say nothing of the incalculable cost in terms of human suffering. These same critics fail to realize that many of the council's action programs benefit not only the underprivileged who can be isolated in the slums or other benighted areas, but also the total community

through such basic services as the organization of a strong public health department, public recreation services, strengthening of adoption laws, regulations for the inspection of proprietary nursing homes, to mention but a few examples.

This negative attitude which is all mixed up with misconceptions about a "welfare state" is held by some important leaders in many communities. It would seem to call for a reinterpretation of the objectives and methods of work of the council and a thorough analytical look at this legislative and social action function. Granted that the council has a responsibility for getting things done, how can it accomplish its objectives with the participation, understanding, and support of these influential leaders? Before we can be fully effective in this field of social action, there is need for a more definitive study of legislative and other social action techniques which will take into account the different approaches now used by councils. This can serve as a guide to councils in shaping the future growth and development of our public health and welfare services. Here is a job for all of us—social workers, board members, and citizen leaders—an opportunity to show the world that we can make democracy work through the community welfare council.

Local Health Agencies in Community Welfare Planning

I. THE HEALTH DEPARTMENT PLANS

By *GEORGE JAMES*, M.D.

SOME YEARS AGO I obtained a position as health officer in a rural area of one of our Southern states. Realizing that one of the first official acts of any public administrator is to demand an increased appropriation, the local magistrates were not surprised to discover that I was running true to form. What startled them from their legislative complacency was the fact that these funds were requested, not for the health budget, but for the highway department. It was then explained that the latter's needs unquestionably constituted the highest priority for the health program in that area. It was virtually impossible to develop worth-while child health conferences, efficient school health services, health education programs, and venereal disease treatment centers with many of our communities isolated and all but inaccessible during the rainy season. Progress in education, social, and health services demanded, as a first step, the provision of an adequate means for contact between population groups, and extension of the benefits of the county seat to all areas.

There is a fallacy in the idea that one community agency may develop rapidly toward its goal of perfection while other important local groups remain far behind. Such ambitious agencies may for a time, by supersalesmanship, convince the community that they are entitled to special consideration. Sooner or later they will find that further progress is barred until the other essential local agencies can expand their programs in comparable fashion. Thus, in a

New York State county with a recently formed, energetic health department, the salary scale for personnel was pegged at the 1949 level, while that for welfare workers was raised to equalize the financial return to county employees of similar training and experience.¹ The possibility of regression is a further danger threatening local services which strive forward too swiftly. In one New York State community, a hospital of such enthusiastic and unrealistic proportions was constructed that the local citizens were unable to provide continued adequate support.²

Let us agree on this principle: Competition, while it remains the keynote of success in our economic life, has little scientific basis in the realm of community service. In fact, there apparently exists good evidence for a biological basis for cooperation. This plea for interagency cooperation should not be construed as an altruistic measure, nor as a means for merely improving community relations. Rather it should be emphasized that the best interests of our own programs are often served by our support of other worth-while agencies. Few agencies except those engaged in the interdependent fields of health and welfare have the opportunity, as well as the necessity, for beginning this type of cooperation.

There are many ways in which we might outline the operation of a local health department. We could sketch the functions of the various types of health workers, we could describe some of our more important programs, we could list some of our more notable accomplishments—perhaps even including some outstanding failures or future problems. But this is a relatively familiar story, told and retold far better in many lengthy texts, and, above all, it is a changing story. If there is one factor in the health field which is permanent, it is the very impermanence of all our programs due to the continual shift in health problems and the ever forward march of scientific development. When the very microorganisms which cause disease may vary in their virulence throughout the years, it is difficult to perceive how even well-understood programs, such as the control of scarlet fever, can remain unchanged. As tuberculosis is

¹ Annual Report, County of Ulster Board of Supervisors (Kingston, N.Y., 1950).

² Personal communication from Dr. J. J. Bourke, Executive Director, New York State Joint Hospital Survey and Planning Commission.

being conquered, new major problems, such as diabetes, home accidents, and perhaps heart disease, are lending themselves to mass methods of public health attack.

Is there a set of relatively stable standards by which the health officer can be guided in the development of local health programs? In this rapidly changing flux are there signposts to follow so that he knows when, where, and how to attack his various problems? We believe that such principles exist, and it is hoped that through the following discussion insight may be gained into the interaction between health officer and local health problems.

There are three basic questions in the field of public health program planning:

1. What does the community *require* in the way of public health services? In other words, what are the specific health needs?
2. What does the community *desire* in the way of public health service? This may be stated as the community's wishes or attitudes toward plans for specific health department activities.
3. What facilities or resources are available or can be made available to the community to satisfy these needs and wishes? This includes the entire realm of such items as technical equipment, vaccines, laboratory tests, special skills and treatment drugs, as made available by the present level of scientific advancement.

These questions give rise to eight major principles which may serve as guides to program planning at the local level:

1. The first of these insists that equal consideration be given to each of the three questions in order that our resulting efforts be efficient. Hence, our programs must consist of compromise. It would be futile to attempt to satisfy a specific health need unless the necessary facilities and community cooperation were available. Similarly, one should not establish a program merely because it is popular unless it can be expected to have a significant effect on the level of community health.

Many programs come to mind, such as the hospitalization of the tuberculous, which, when the element of compulsion is included, may violate the community wishes. Others illustrate a lack of appreciation of the true need as indicated by sensational and unrealistic programs for restaurant sanitation or rat control which, though

popular, may have little effect on the solution of the true health problems of the area.

2. The second principle amplifies the idea of change in our community health needs, attitudes, and facilities. Health officers can never allow their programs to remain fixed; they must be ever prepared to institute innovations to keep them abreast of the latest proven developments in scientific knowledge. Tumor clinics, now of known value in the cancer control program, must be provided. Mass screening, so successful in the early detection of tuberculosis, should now be applied to other major problems, such as diabetes.

3. The health officer must recognize his responsibility as a leader of local attitudes toward specific health programs, thus bridging the gap between health needs and the facilities available to meet these needs. A specially skilled health educator attempts to transmit to individuals that specific knowledge which will cause them to take appropriate action for the benefit of their own health. The day is long since past when a public official could markedly reduce death rates without the active, day-to-day cooperation of the individual. It is true that essential chlorination of water supplies and pasteurization of milk are followed closely by health authorities, but the major gains in our present and future public health programs must come through action taken by the individual himself. If we cannot motivate each citizen to secure a chest X-ray, to have his children immunized at the proper ages, to have prompt medical attention for a persistent sore on the lip, then we cannot hope to control tuberculosis, diphtheria, and cancer.

4. So important is health education to the armamentarium of the modern health officer that he is warned not to dissipate its effectiveness by issuing broadsides of information on problems for which he has little to offer of preventive or curative value. That is why health departments avoid stimulating community consciousness about arthritis, high blood pressure, or such diseases as leukemia. When science will offer proven techniques applicable to a mass approach for the prevention or treatment of these conditions, it will then be both desirable and essential that specifically designed health education programs be shifted into high gear.

5. Of great importance is the necessity for determining accurately

and scientifically the health needs in the community. This must not be left to caprice or to the personal interests of a health officer or a voluntary agency. It should be accomplished by case reports received from physicians, by data from death certificates, by special community surveys, and facts collected by other agencies. The health officer, trained both generally as a physician and specifically in public health techniques, is the individual usually capable of interpreting and evaluating this host of raw data most effectively. But no man, no one department, can do it alone. The determination of need is so vital a step in program planning for health that all community agencies should have a share in the responsibility. Sharing does not mean interpretation of the data to suit the traditional programs of the agency, the terms of its charter, or the particular skills of its employees. It does mean an unbiased, scientific, and, at times, almost mathematical evaluation of the facts, with the resultant programs representing the contribution which each agency can best provide.

6. It will be found that many community needs must, for the present, remain unmet due to the lack of required facilities. Every health department feels a keen responsibility in the search for new health facilities and for the speedy utilization of the fruits of recent research in its own program. Several outstanding health units are cooperating in demonstration programs, a form of research in which a specific area offers itself as a trial for a new program of possible, but not yet proven, merit. Health officers must then evaluate closely the results of such demonstrations in order to decide whether the new facility can now play a significant role in aiding the solution of local health problems.

7. One of the most difficult principles in application, demanding the ultimate of skill and experience on the part of the health officer, is that dealing with priorities and program balance. Priority services are those which can fulfill the important community health needs because control facilities are available and community attitudes satisfactory. These, at present, are primarily our tuberculosis, infant health, and cancer programs. No health department which is not now utilizing its personnel and energies in an all-out attack upon these priority problems can remain complacent. But

it is a fallacy to await perfection in a high-priority program before taking some action with respect to a problem of less significance. This fact, which results in the balancing of community health activities, has a simple rationale. Frequently, the added increment of effort which would be required to achieve perfection in a high-priority service can accomplish more for the total community health program if distributed widely over numerous lower-priority services. Thus, although tuberculosis control should and does receive a large share of attention, health officers are administering effective programs in respect to dental health, school health, and restaurant sanitation. Yet, it is vital to remember that programs based on satisfying lesser needs should never reach such proportions as to detract from effective high-priority service.

8. Finally, we shall consider the principle of evaluation. Health officers usually plan their programs in terms, first, of long-range goals (that which is ideally desirable) and, second, short-range objectives which are capable of attainment within a definite time period. It is essential that at intervals, usually annually, there be a careful analysis of the progress made toward the satisfaction of the community's health needs. The health officer may then reset his objectives, weed out ineffective activities, prove the need for additional personnel, keep his program in balance, and study his failures. He should always be prepared to turn the cold light of statistical analysis upon his activities, and those who have seen or utilized the American Public Health Association appraisal form realize the merit of this type of evaluation.

In these questions and principles one may note much that is familiar in social work. It may be suggested that the substitution of the word "family" or "individual" for "community" would render the three questions directly applicable to the social service field. However that may be, these general principles, if borne in mind and applied to local health situations, should enhance the understanding and appreciation of health department activities. Cooperation may then truly replace competition.

We in official health work freely concede that our department has no monopoly in the realm of public health practice. Our programs touch, enhance, assist, and are sometimes replaced by ac-

tivities of almost every variety of community service. Today, welfare and health departments are facing a grave challenge in the continued expansion of the chronic disease problem. These two agencies must realize that the problem is a joint one and that its solution requires intimate and complete unity of purpose, as well as the diversity of skills available in both departments.

Our basic needs in the chronic disease control program include rehabilitation and prevention. The vicious cycle of chronic illness illustrates that poverty breeds disease, and disease, in turn, generates more poverty. Cherkasky³ and Rusk⁴ have indicated that this trend may be reversed, that chronic invalidism need not be the end result if rehabilitative efforts are begun soon enough and applied with sufficient vigor. We may concede the necessity of a modest monthly welfare allowance to provide continuous sustenance, but frequently a large settlement for a short period under a well-laid plan, with all pertinent agencies cooperating, may reclaim an individual from the threshold of chronic invalidism to the dignity of a self-supporting, tax-paying citizen of positive worth to the community.

In addition to rehabilitation, a basically more important problem, that of preventive welfare, must be considered. It seems to many of us who, as health officers, are deeply involved in preventive measures, that there has been too little emphasis on this point by welfare agencies. What are the basic needs in social service? Admittedly, we in public health have relatively effective means of determining needs through surveys, case reports, and various mortality and clinic data. The basic factors underlying problems in the field of social service are more elusive, and progress in their appreciation and control will be slow. A promising approach to this problem might be made, however, through cooperation of social workers with their local health departments, particularly in relation to the field of chronic disease control.

What is required is a cooperative plan for case-finding before individuals become "cases." We need a planned program to dis-

³ M. Cherkasky, "The Montefiore Hospital Home Care Program," *American Journal of Public Health*, XXXIX (February, 1949), 163.

⁴ H. A. Rusk, "Rehabilitation: the Third Phase of Medicine," *Archives of Industrial Hygiene and Occupational Medicine*, I (April, 1950), 411.

cover persons hovering near the border of social disaster, those for whom a minimum of assistance, financial or advisory, may re-establish self-sufficiency. By a small effort now, future problems necessitating extensive community effort for solution may be avoided. One such program has been developed by the Onondaga Sanatorium in New York State. Here the social worker invites all agencies which may possibly be concerned to a conference in order to outline exigencies which may be presented by the individual patient ready for discharge. An opportunity is thus offered to forestall such social difficulties as may appear imminent. Case conferences between health and welfare workers are a means of getting acquainted, a means of crystallizing similarities of purpose, and a way to solve the problems of an entire patient—not solely of his chest, his emotional well-being, or his pocketbook. If situations arise which no cooperating agency is accustomed to handle, the time is then at hand for one of them to expand its functions to meet the specific need. Thus, in Ulster and other New York State counties, the health officer has agreed to assume the difficult responsibility of inspecting and licensing nursing homes. Previously, these institutions were often poorly supervised, and the health department staff was deemed best equipped to remedy the situation. There existed no legal provision which required the health officer to accept this duty, yet once we admit that a problem exists, a solution must be attempted. None of us should take refuge behind our charters, codes, or traditions if we possess the means to be of definite service.

Growth of cooperation between Federal, state, and local levels is important and stimulating, but it should be emphasized that separate agencies, working together at the local level, have an advantage unavailable to those who do not possess intimate and personal knowledge of the particular community. The contact of each separate local group with the same community gives rise to different approaches to the same problem. It is then important to have available all these points of view at the time the problem is considered for solution.

In Ulster County, New York, this principle has been employed in the development of the case conference technique. Individual

public health nurses and welfare workers meet to discuss selected cases. As each problem is solved by such mutual effort, there is created a *raison d'être* for cooperation far more effective than a state or Federal agency directive. Not only do the workers wish to work together to solve the existing problems of John and Jane Doe, but it is hoped that it will soon be possible to anticipate such problem cases before they arise.

In keeping with the tenets of program planning as described above, it is important to evaluate progress. Take note of your successes to give you confidence that you are working effectively, but, above all, study your failures as a means of learning more about these elusive variables that complicate our efforts.

While blueprint plans carefully devised and tested are often the basis for local interagency programs, I offer this alternative. Day-to-day collaboration, logical division of responsibility, and joint successful effort by public health nurse and social worker should lead to widespread cooperative enterprise, in fact. This type of cooperation plants the seed for future community progress through a plan best suited to local needs and attitudes.

As a new health officer in an enlightened Tennessee county, I attended a meeting at the invitation of the County Judge to hear a discussion by a member of the state defense council. Present at the conference were representatives from local agencies and organizations interested in community progress. The speaker described the type of county defense council which should be developed, the special skills it should include, and the various duties it might have to perform. He ended by requesting the Judge to appoint such a committee of local experts. The Judge, without hesitation, turned to the visitor and explained: "Any project, campaign, or disaster this county has experienced, these people have dealt with effectively. They have joined forces for years. They know almost as much about each other's work as they do about their own, but most of all, they know how to work together. Here is your defense council, or any other name you wish to call it."

A group of noted research psychologists have said, "We must get across the notion that hitches are not obstacles to be avoided but, on the other hand, challenges which alone make productive re-

search possible." ⁵ Each one of us represents a community which is a potential research laboratory for joint health and social service programs. "Hitches" exist, and in large numbers, yet the challenges they create can lead to solutions. Let us consider first the entire individual patient, and by so much as we can satisfy his needs through cooperative enterprise, so can we reap a harvest of successful mutual effort toward all our community problems.

⁵ H. Cantril, A. Ames, Jr., A. H. Hastorf, and W. H. Ittelson, "Psychology and Scientific Research. III. The Transactional View in Psychological Research," *Science*, Vol. CX, November 18, 1947.

II. THE LOCAL COMMUNITY WELFARE COUNCIL PLANS

By ALEXANDER ROPCHAN

LOCAL COMMUNITY HEALTH PLANNING is carried on by many different agencies under a variety of auspices. The health department must plan the best use of its resources in relation to needs, and the perfected techniques to deal with these needs. A voluntary health agency must plan to bring public services into existence for unmet needs in its area of special concern. Frequently, two or more individual agencies plan jointly on problems of common concern by direct contact with each other. This is the way in which agencies often coordinate their services on behalf of a particular individual or family. Professional societies, such as the county medical society and civic organizations, a chamber of commerce, or the League of Women Voters, may undertake certain community health planning activities. Groupings of agencies within a particular field, such as hospitals through a hospital council, may engage in community health planning within their specific area of membership and interest.

This discussion is limited to a consideration of planning through an over-all community planning agency which encompasses all the major health interests in the community in its membership and in the scope of its program. This over-all planning program is most usually carried on either through the health division of a welfare council or council of social agencies or through an independent health council.

The Health Division of the Welfare Council of Metropolitan Chicago was organized in 1930. The first efforts of the division were devoted to problems of medical care of the unemployed because those problems presented the most urgent unmet needs. The division exists to coordinate health and welfare activities; plan and promote adequate community health services to meet unmet needs; and bring about united action to further the community health program. The council also operates a research department and

other service departments which are essential to efficient planning by the Health Division.

Some ninety agencies constitute the formal membership of the division. This membership includes virtually all the health and medical care services in the community. It also includes the health professional societies. Participation in the division is open also to nonmember agencies and to interested individuals unaffiliated with agencies.

The Executive Committee of about forty-five members, elected by the members of the division annually, determines the program of the division, establishes the policies, passes upon all major planning proposals, and establishes and supervises the work of subcommittees. The committee is broadly representative of both professional and lay interests, of voluntary and tax-supported agencies, and of the functional subdivisions of the health field. The committee meets regularly each month. There is a carefully prepared agenda for each meeting, mailed out with the call of the meeting, with supporting exhibits, reports, and other material. Standing and special committees operate under the Executive Committee.

The Health Division has a staff of three professional persons responsible to the Executive Committee for carrying on activities determined by the division and its committees. Its staff members serve in important capacities in relation to health and civic agencies. For example, the executive secretary of the division is secretary of the Advisory Committee to the Chicago Board of Health.

What are some of the problems of community health which are susceptible to joint planning and action? In answering that question I shall cite examples from the work of the Health Division and discuss them under a number of headings.

Planning new programs to meet unmet needs.—The Health Division, in its early years, developed the recommendations for the program of medical care for the recipients of public assistance. The Division determined the needs, it promoted actively the plans for meeting these needs, and aided the public welfare agencies by its advisory and coordinating services. Among the features of the medical program for public assistance recipients resulting from this planning are:

1. Medical relief divisions in the public assistance agencies staffed by medical social workers and with strong professional advisory committees
2. Hospital, clinic, home nursing, dental, home physician, and convalescent care purchased for public assistance recipients with established standards as to quality of service and supervision as to performance
3. Coordination between the public assistance agencies and the medical agencies in relation to administrative procedures and medical and casework planning

The machinery of the Health Division has been used continuously for adjusting the cooperative relations among hospitals, clinics, nursing agencies, and other health agencies, and public assistance agencies and for planning and for modifications of the medical relief program.

The Medical Social Service Committee of the division, representing public and voluntary hospitals, established the need for convalescent care services for infants and young children through foster home arrangements. The Health Division approved plans and interested the Junior League and a child placement agency is undertaking the program as a demonstration. The program has since become a permanent service of a child care agency.

The Clinic Administrators Committee has planned development of clinic programs in innumerable ways. Two striking examples are the expansion of clinic nutrition and psychiatric services. A study showed that clinics were doing very little in nutrition and that there was a great need for this service. With partial Community Fund aid, based on planning by the Health Division, the clinics increased the number of nutritionists from six to more than twenty, established higher standards of personnel and performance, and improved greatly the quality and expanded the scope of nutrition work. Similar planning led to five hospital clinics initiating or expanding psychiatric services, including, for the first time, evening psychiatric clinic services. Again the Community Fund supplied partial support.

Planning, over a two-year period, in regard to the chronically ill culminated in the Health Division establishing a Central Service

for the Chronically Ill and securing the auspices of the Institute of Medicine of Chicago, a scientific medical body. This service, now in its sixth year, with an annual budget in excess of thirty thousand dollars, is making a major contribution in promoting more adequate facilities and programs for the chronically ill.

The division has been the channel for community action and progress in child health. About five years ago, the division's Dental Committee recommended that organized dental services for preschool children, which were nonexistent at the time, should receive priority and proceeded to work for this objective. Since then, four dental clinics for preschool children have been established; one by a voluntary agency, the others by the City Health Department. The Committee on Health Services for the Preschool Child secured the establishment of health supervision of preschool children in the City Health Department in 1947. The activities of the committee involved study of the problem, development of a proposed plan, and promotion of the plan, including conferences with the Mayor and mobilization of public support for a budgetary appropriation to the Health Department.

In 1949 the Board of Education initiated a limited health program in the public schools and employed a medical director, as the first step in developing a comprehensive school health service. This culminated more than two years of effort by medical and civic groups working together through the Health Division.

Improvement of existing programs.—Much of the effort to improve existing programs is carried on through informal consultation and advice by the division staff. Some involves committee activity. The Clinic Administrators Committee, for example, developed standards for determining the eligibility of applicants for clinic care. These standards refer to qualifications of admitting personnel, to admitting techniques, and to procedures and standard budgetary guides, which are adjusted from time to time to take account of changes in the cost of living.

In the field of medical social service, the Chicago-Cook County Health Survey has resulted in more progress in this field in the last three years than we had in the previous fifteen years. Two hospitals made major improvements in their social service pro-

grams, and five other institutions set up such departments for the first time. Six of these agencies consulted the Health Division in regard to their plans.

Support of public agency budgets.—The Health Division promotes adequate budgetary appropriations by public authorities for health work. In 1949, for example, the division studied, took action, informed its member agencies, made releases to press, conferred with public officials, and testified at public hearings in relation to the budgets of the County Health Department, and of the nursing service for the County Hospital. The county increased its appropriation to the Health Department by 25 percent and to the nursing service for the County Hospital by a half million dollars.

Coordination.—One of our important functions is to eliminate duplication and to coordinate the work of existing agencies. Procedures of cooperation, division of responsibilities, and adjustments of programs to increase efficiency are carried on through such functional committees as medical social service and clinic administration. One example is the bulletin on cooperation. The medical social service and the family and child care groups developed this as a guide for cooperative relations. The Clinic Administrators Committee formulated policies to prevent duplication of clinic care, to simplify and expedite the reporting between clinics and public assistance agencies, to assign responsibilities for purchase of appliances and certain special drugs for relief clients, and to develop specifications for certain appliances, eyeglasses, and other special needs of patients for the guidance of purchasing agencies.

Studies.—The Chicago-Cook County Health Survey was completed by the United States Public Health Service in 1947. The survey, officially requested by the Mayor of Chicago and the County Board of Cook County, came about following one year of intensive effort by the Health Division. The Medical Society and the Institute of Medicine joined with the Health Division in selling the idea to the public officials. The complete report of the study has been published.¹

¹ *The Chicago-Cook County Health Survey* (New York: Columbia University Press, 1949).

The chairman of the Health Division served as chairman of the Advisory Committee to the survey appointed by the public officials, and the secretary of the Health Division served as secretary. Following the completion of these studies, the Advisory Committee requested that the Health Division assume major responsibility for follow-up of the recommendations. Here are some of the major achievements to date: The City Health Department has improved and expanded existing services, such as its public health nursing work, and the sanitation of restaurants and bottled beverage plants, and has established a half dozen new services, such as nutrition, mental hygiene, and health education. The Board of Education initiated school health services. The city made important improvements in water chlorination procedures and safeguards. Garbage collection and disposal has been improved. There has been great improvement in the tuberculosis program. State grants-in-aid have been secured, a 50 percent increase has been voted in local tax funds for tuberculosis, and an official tuberculosis authority has been set up for Cook County, exclusive of Chicago. The division has continued to keep the findings of the survey before the public and to work with many civic groups in developing their interest and activity in support of the findings and recommendations.

What are some of the principles which are essential in community health planning through a health division of a welfare council? We can conveniently classify these planning activities into two general types. One type consists of those planning activities where the desired objective can be achieved by agreement between the operating agencies. How agencies should cooperate where their work touches; how agencies in the same field of work should divide responsibilities among themselves; what common standards should agencies doing the same work attempt to maintain, are often but not always, the kinds of problem which can be solved by planning mainly with the executives of the agencies concerned.

The second type consists of planning activities where broad citizen understanding, participation, and action are essential to achieve the planning objective. Persuading the county authorities to establish a county-wide health department, convincing the city council that a school health service should be established, or that

increased appropriations must be made to increase the scope and improve the quality of the services of the Health Department, are examples of community health planning in which citizen leadership is generally indispensable.

Some people refer to the first type of planning activity as coordination of agency work and to the second as planning involving social action. The distinction is not a clear one in the day-to-day work of a health division. It is important only to emphasize that fundamental community health planning cannot be achieved in our democratic society without lay citizen leadership.

1. Our first principle, then, is that the community health planning organization must be a partnership of the lay leadership and of the health, medical, and related agencies of the community. The tax-supported agencies and the health professional organizations are included in the agency constituency.

2. The health planning organization must provide for full consideration of all points of view and for decisions by democratic action. No single agency or interest, regardless of its importance, should be permitted to dominate the planning. No health division can survive such domination.

3. Our third principle grows out of the fact that we must take account of housing, recreation, education, and welfare problems if we are to plan effectively and comprehensively for health. For this reason, health planning should be closely related to over-all welfare planning. One way to assure this is for the health planning function to be under the auspices of a community health and welfare council. It is important that the health division of the welfare council determines its own program, policies, and operations. Where the health council operates independently of the welfare council, means must be provided nevertheless for close working relationships. We must always keep in mind that the job of community health planning is to unite all community interests in behalf of essential health objectives. Anything that divides our forces weakens, in geometric progression, the potential of community health planning.

4. Our fourth principle has to do with process. The health division is primarily a channel for joint action by agencies and groups

working together on matters of common concern. They identify the problems and needs out of their experiences. In committees, they determine upon facts to be secured, they study the facts, and they consider and arrive at solutions by voluntary agreement. They provide the leadership for action to implement the solutions agreed upon. No imposing of a ready-made solution, no matter how expertly devised, is involved. This principle has important implications. Solutions for pressing problems are not always produced or accepted expeditiously. The slow processes of education and interpretation are sometimes necessary. The leadership of the health division must use great skill in assuring orderly democratic and effective planning procedures. But only unswerving adherence to this principle of working together will build the solid foundation of planning machinery which will consistently achieve better health for the people.

An important corollary of this principle is that the health division must respect the primacy of every agency in its own field. The health division is not the only channel for community health planning, even though it is the only one where all agencies and groups come together on a common program. It does not substitute for them or replace them. On the other hand, the health agencies, public and private, must also recognize that their public responsibilities include the responsibility to join with other health agencies and interests in determining community health needs and in deciding how best to meet them. They have the further responsibility to develop and adjust their own programs in the light of the decisions reached in the central planning body. The health division is merely the mechanism by which they may discharge their public trusts more adequately. No health agency is sufficient unto itself alone.

5. Our fifth principle, which perhaps should have come first, is that community health planning must proceed on a sound factual basis. There should be regular statistical reporting to measure the volume and trends of service. Inquiries and studies, under competent research direction, should be made in relation to problems receiving planning attention. An invaluable body of information should accumulate in the records of the health council of dealings

with individual agencies and particular problems. And, finally, the informed testimony of persons in the field should supply adequate information for resolution of many problems.

6. Our last principle is that there must be adequate and effective leadership. Citizens vitally interested in health needs and facilities, from a community viewpoint, must assume leadership responsibility in the health division or health council. In large urban communities, adequate professional staff service is also essential to make it possible for the leadership to function effectively.

The health division or health council can be a vital instrument for joint action by the community to attain adequate, efficient, and coordinated health services for the people. It is essential to the orderly adjustment between potential resources and needs in the field of health protection and care in any community. It provides a means for strengthening the democratic faith of our society. The potentials of dynamic leadership and the motivation for better health for all the people exist in every community. Our role as executives and staff workers is to encourage and aid in the realization of these potentials.

The Relationship of the Correctional Institution to Community Agencies

By CHARLES W. LEONARD

PRECEDENT HAS UNFORTUNATELY LABELED the correctional institution, especially, the training school, as a sort of "social garbage can." It seems that a good percentage of our citizenry, including some professional people, have the idea that a correctional institution is merely a stopover in a life of crime that ultimately ends with a long sentence in a penitentiary. Sadly enough, this is all too frequently true. It is true because too little was done at a time when it was needed the most. Sending a boy to a training school as a last resource automatically makes commitment to the training school a punitive measure. Medical science uses hospitals at the earliest possible date in order to accomplish prevention as well as cure. There can be times when emotional sicknesses or personality disturbances can necessitate institutionalization at an early date to allow for more constructive results. This is not to be misconstrued as entering the age-old discussion of "institutional treatment versus community resources." It is merely facing the reality of a situation. We have institutions and we talk about institutional treatment. This being true, cases should be intelligently referred to correctional institutions at a time when such referral is most logical in accord with an adequate diagnosis. Paramount in our discussion of community agencies are the courts and state's attorney's offices because all our cases have been active with both.

Many of our cases get off to a bad start by having their first knowledge of an institution turned into a traumatic experience. The institution is chronically used as a threat during supervision, probation, or periods of detention. By the time commitment is imminent it has become an "I told you so" affair, and the institution definitely a place to do time and be punished. Moreover, the boys

are frequently told, "We are sending you out there for a few months," or, "You'll be out in about a year if you are good." Immediately, the boy responds in the only sensible way: he decides to do the time stated and get out. In the meantime, the institution is thinking in terms of treatment, and the term of stay will be determined by this. Do we wonder why we have trouble with a boy or why he stops responding to treatment at the end of a few months or a year? He is merely reacting to a prearranged emotional time bomb that was set by some well-meaning social worker, state's attorney, or judge.

One judge uses the following interpretation in committing a person to an institution: "Life is like a baseball game. In a baseball game you have three strikes and you are out. We have gone along with you, and you have had two strikes. Now you are back again, and this is your third strike." Three strikes, the end of the line, everyone has failed, off to the correctional institution.

These same well-meaning people will insist that the boys are being committed for treatment. A fine start for a therapeutic relationship. The importance of proper interpretation of commitment should never be minimized. In Illinois, for example, we spend in excess of a million dollars a year for the maintenance and operation of a training school. No one would dare say that such a sum of money is being spent merely for punishment or because we have come to the end of the road and have no other place to dump a boy. Even our severest critics refer to the rehabilitation of delinquents and frown on corporal punishment and brutality. You and I call it "treatment." Regardless of terminology there are basic principles involved, and observance of these principles must start before the boy arrives at the institution. It must start in the community. If the state is spending a million dollars a year for rehabilitation and treatment, why not have the community agencies adopt an attitude that is in keeping with the purpose of institutional treatment? The punishment aspect will take care of itself and needs no magnifying glass.

It is possible to interpret to a boy that various measures have been tried and that he has failed to respond to them, inasmuch as he apparently does not understand his own problems or the prob-

lems about him since he continues to live and act in a way that is not acceptable to society. He could also be told that inasmuch as he has not been able to work these things out, a different approach must be used. A good analogy may be found in the boy's understanding of doctors and medicine. If one medicine does not work, the doctor tries another. If a patient is not getting well at home he is moved to a hospital. If the patient is quite sick the doctor does not commit himself as to the length of time involved in bringing about a cure. A boy can understand these things, and there is always the chance that he will have some understanding as well as acceptance of the very elaborate program of which he is to become a part.

The moral aspect should, and can, easily enter in as a part of the interpretation of why he is being committed. With this approach, the court has taken care of its obligation to explain that a law has been violated, and the boy has a chance to understand why he is being sent away. A classical example is a rather sensational case recently committed to our state training school. Months of headlines preceded commitment. As a result of statements made in the court, the boy thinks we are to keep him for a period of eight months. The very fact that it was a sensational case indicates a rather disturbed boy, and the treatment plan must be indefinite. Each month beyond eight months, this boy becomes less acceptive of treatment and a greater runaway risk.

Let us look inside an institution for a few minutes. We might find a complete diagnostic clinic that is answering most of the "why's" in relation to individual cases and recommending what might be done in order to bring about a change in the individual. At this point the institution is frequently placed over the proverbial barrel. Therapeutic techniques within the institution are frequently not enough, in themselves, to assure a change or cure. Hence, we must again look to the community for resources. As we understand the total personality integration of a boy we cannot help but visualize the social, economic, cultural, and emotional climate in which he has been living. Frequently, these have generated fears and gnawing anxieties which the boy tried to work out in the only way he could find—through acts of delinquency. Because of these factors

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it is impossible to think we can effectively operate an institutional treatment program in a vacuum, apart from the community.

As our group of scientific experts interest themselves in how a boy thinks, feels, and behaves, it is only logical to assume that the family, as a part of the community, has a high priority among our concerns. The more general social ills, such as inadequate housing, unemployment, insufficient medical services, unequal educational opportunities, congested areas, discrimination, and race prejudice, are of great importance and manifest themselves in the personal and interpersonal lives of our boys. However, because they are of such a general nature, the correctional institution is able to recognize these as secondary factors only and pass this information on to those who work directly with such problems. In most cases we must look to a social agency to assist in alleviating such situations.

Specifically, we are working with individuals and individual diagnoses. Therefore, our processes automatically become involved more directly with the specific pathological aspects of a boy's personality, usually arising out of poor interpersonal relationships. As we look at the combinations involved in personality development, we recognize that in conducting treatment in the vacuum of an institutional setting we are expecting a miraculous return from a rather small potential. As this point, we have strong feelings about community agencies and their relationship to the corrective institution. This is especially true of the institutions that receive younger children. In Illinois, for example, we have no minimum age at our training school, hence it is not unusual to have ten-year-old boys, occasionally some who are even younger. With such cases needing the concentrated treatment of an institution, the clinic staff repeats almost daily such comments as, "If there were only some way to have work done with this rejecting mother"; "If there were only some way to coordinate our treatment efforts with a treatment program for the family." The day when this hits us the hardest is when long-considered placement plans must definitely be formulated.

The interplay of family personalities has been the most important factor in the development of a boy's personality; hence, these personalities must, also, be seriously considered in our planning for a treatment program. A corrective institution must not be a "social

trash heap," rather it must be a specialized resource of the community working cooperatively with the community agencies to alleviate or cure problems related to the individual needing this specialized care. The medicine of an institutional program is not too different basically from the medicine of a good community agency, except that many resources, such as education, recreation, home life, are concentrated with certain restrictive controls. Having this function in the total community there does not seem to be any reason why a correctional institution cannot operate as does any other specialized institution. If a mother is confined to a tuberculosis hospital, the community immediately considers the total family, and, if necessary, treats other members of the family. This is done, not only to effect a cure, but also to protect the mother from reinfection upon her return from the hospital. The personality of the delinquent and the personalities of those affecting him need the same consideration. Let us look at an average, typical case:

John is an average-sized, fairly well-developed but nonmuscular, baby-faced, fifteen-year-old, white boy who manifests a marked and pathological degree of emotional feeling, alternating between a state of stubborn, obstinate defiance, with a tremendous amount of hostile, angry feeling, and a cooperative, friendly, passive, dependent reaction. His record of delinquency includes numerous acts of burglary, usually in company with other boys and occurring in periodic episodes over the past two or three years. Concerning his reason for committing such acts he states, "I felt I wanted to get revenge upon people. I hate all people, I feel they are against me." He also adds that sometimes when he would get angry with his mother or father for various reasons, he would then embark upon one of these episodes of stealing. It is to be noted that he has usually been apprehended in such instances because he has availed himself of apprehension, appearing unconsciously to be seeking punishment.

The family picture reveals much of significance in that the father, at the present time, appears to be a warmer, more outgoing and giving person than the mother, and within recent years his relationship with the boy has been a more stable one. However, during this boy's earlier childhood, the father was inclined to drink considerably, and at such times he would irrationally beat his children. John developed an intense fear of him. The mother, only thirty-one years of age at the present time, appears to be a more introverted, narcissistic individual who has many hypochondriacal complaints, and is absorbed within her own psychosomatic framework. As a result she is cold, lacks real understanding, and

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although intelligent, often makes comments to the boy personally and in letters which are very upsetting to him, usually about her own poor state of health or that of some other member of the family. It is to be noted that when this boy was small, he was very dependently attached to the mother. This arose apparently out of the fact that since she gave birth to four children within the first five years of her marriage, she was not able, then or later, to meet this boy's needs and demands in a normal, healthy manner, and, hence made it necessary for him to become more dependently related to her in seeking to meet his ungratified infantile needs. The fear of the father likewise tended to drive him closer to the mother. As he grew older, he became more or less her appendage, and became interested in activities usually associated with the feminine sex, such as house cleaning, cooking, etc. In addition, he assumed feminine-like responsibility for the care of his younger sisters in order to please his mother.

Because of the frustration arising out of his deeper, ungratified needs, and as a result of the lack of understanding and real feeling on the part of the mother, the boy's hostilities toward his mother tended to become more consciously obvious to him, and hence created feelings of anxiety. Moreover, his entering into adolescence and the more conscious striving for the true masculine status created an increased degree of conflict, and also gave rise to new conflict with resultant increased anxiety and frustration.

It is felt that in order for this boy to change very much in his own feelings and personal and social attitudes, there will have to be concomitant changes in the attitudes and feelings of the persons in the family, particularly his mother. Most important will be her ability to encourage and help the boy to attain the masculine status and mature role for which he is striving and to break away from the dependent, infantile relationship by gaining a healthier and more normal type of love, understanding, and acceptance from her, and also from the father. This change can best be accomplished through community agency work at the time the boy is in an institution, if he is going to be returned to his own home and have a relatively good chance to make a fairly adequate social as well as personal adjustment.

This case is not unusual; in fact, it is probably a good clinical example of at least one situation that arises every day in the clinic of a correctional institution. Foster homes do not solve all our problems. The potential that has the greatest therapeutic value is, of course, the real father, mother, and siblings, providing the interplay of these personalities can be brought to a healthy and balanced state. This boy costs a state government anywhere from two to three

thousand dollars a year for institutional treatment. With such an investment, it seems logical that we consider the return on our money. The return will be much greater if community agencies, or a community agency, could become a part of the treatment program delegated to a corrective institution, and assume responsibility for changing the unhealthy conditions that contributed to causing a delinquent boy. Not every case needs this type of coordinated treatment, but as our institutions swing over from a philosophy of corporal punishment and brute force, we are exposing more and more the reality that many delinquencies are symptoms of an underlying personality disorder. Therefore, our problem is primarily one of treatment and not punishment. Since we are so frequently concerned with personality disorders it is only logical that the proper scientific means for treatment be adopted. This being true, the correctional institution must become more than a scenic place in the country, more than an end-of-the-road stop for those who are living examples of the failures of our society. The correctional institution must become a part of the community, and community resources must work hand in hand to alleviate the basic causes of the emotional and social ills of our delinquents.

A third, and very important, need of the relationship of community agencies to the corrective institution is the need for continuity and correlation between the institutional program and placement of a boy in the community. Whether this is done by a community agency or a qualified placement service is not too important. The idea of giving a boy a completely new outfit from head to foot, a couple of dollars in his pocket, and expecting him to face the community in a relaxed, secure fashion is a bit absurd. (Is there one of us who does not feel a bit freakish the first time he wears a new hat?) On top of this he is thrown into a new treatment process called "supervision," which may or may not have been properly interpreted. In many cases he is probably subjected to an additional change because of a different philosophy of treatment. This change should be as gradual as that taking place when a patient leaves the hospital and enters convalescent care.

You are probably thinking: "That sounds fine, but how is it accomplished?" This is not just our problem. It is the problem of

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every person in the community. Have we made an all-out effort to make this the problem of every person in the community? Sometimes, I think, we social workers wish the community would come to us. By the same token, I think institutions have been shying away from the community rather than forcing the community to face these problems with us. These are community problems. These are the problems of every man and woman, every service club, every social club, and every social agency. If a mother needs treatment in order to effect complete treatment of her delinquent son, then let us say it and do it and stop trying to see how independently successful we can be. If treatment for members of a family should run concurrently with the treatment of a boy, then let us say just that and get out of a rut that we have been burrowing deeper and deeper for the past generation. There are emotionally sick mothers, and fathers, and they have sick children. These primary interpersonal factors are deeper and more basic to consider in our attempts to understand behavior problems than are the socioeconomic implications woven into such cases by our present society. These emotionally sick mothers, fathers, and children can be helped with a greater degree of success if we attack the basic factors from all sides. The mother mentioned in the case I have discussed needs treatment. She needs it right away, and at the same time that the institution is attempting to help the boy gain insight into his problems and start growing up. If the mother could get such treatment, and the father could be helped to understand the situation, it is very possible that placing the boy back in the home could be done at a time that would make it a logical and natural step in a whole process that might spell "cure." Community agencies have the proper philosophy and the qualified staff to carry out this job. Therefore, they must become more closely allied with the correctional institutions and not think of them as disinterested agencies too far out in the country to be a part of our regular community organization and community services.

Gilbert and Sullivan's contribution of fitting the punishment to the crime is slowly giving way to a philosophy of scientific treatment and understanding. Many of our community agencies are working in a coordinated manner, but only a few of these are the

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agencies closest to a correctional institution. Social worker, state's attorneys, and judges must realize the purpose of a correctional institution and attempt to use it within the defined purpose. The basic philosophy of treatment, as we know it today, must permeate community agencies, institutions, and after-care programs, regardless of the variance that might exist between states because of different mechanics used. As this oneness of thought breaks down the barriers that have existed for so long in relation to correctional institutions, it will give us an opportunity to reevaluate our programs and begin functioning in a way that will bring more productive and successful results.

This will never happen so long as judges and state's attorneys cling to the power of acting as doctors, psychiatrists, psychologists, and general supermen in understanding behavior disorder, diagnosing personality problems, and determining the type of treatment needed. This will never happen so long as we have judges and state's attorneys who will allow trial by pressure, public opinion, or favoritism. This will never happen so long as institutions are used as "social disposal plants" regardless of purpose or facilities and then criticized because they are unable to do a job. This will never happen so long as public officials fail to face their responsibility and continue to use the correctional institution as a "fall guy" for their own apathy, inertia, and lack of understanding. This will never happen so long as there is a gap between community agencies and correctional institutions. This will rarely happen if community agencies keep their intake doors closed to the delinquent. This will seldom happen if treatment of family members in the community is not concurrent with treatment of the individual in the institution. This will be most difficult to accomplish if placement and after-care of these individuals is divorced from the philosophy of treatment in an institution. The community agencies must become interested and face these facts with the correctional institutions. We must all take bold steps to interpret proper commitment procedures, the philosophy of a treatment program in an institutional setting, and the absolute necessity for follow-up or after-care procedures that are also in accord with this basic philosophy.

Age with a Future

By WILMA DONAHUE

BRUTAL INDIFFERENCE and ignorance of the biological and cultural design of human life are resulting in a ruthless waste of human resources and are casting the later years of millions into the mold of bitterness and despair. Contemporary social attitudes and institutions with respect to the aging are oriented around a superficial view. Uncritical observations of the aging process lead to the conclusion that the involutinal processes take their toll from early adulthood onward, with a crescendo of devastating effects upon all organ systems and all psychological and cultural functions. But were this the total picture and were the traditional attitudes of the worthlessness of the old to be maintained, who, indeed, would have the courage to talk of the future of the aging or to justify the continual struggle of medical science to extend human longevity?

The generalized popular notion regarding old people is a stereotype which is applicable, if at all, to but a tiny segment of the older population. As Clark Tibbitts has said, this notion holds that older people are physically and mentally deteriorated; eager to withdraw from responsibility and from social participation at an arbitrary age; somewhat cantankerous but, in general, contented to simplify their wants, and to spend their time in puttering and in reflection on the past; and filled with gratitude toward a family and a community willing to supply some of the minimum necessities and plan their activities (or their inactivities) for them.

Accumulating knowledge, however, regarding the nature of the aging process is revealing that older people retain specific needs and capacities for well-rounded living. Theories as to the nature of the aging process generally agree that age becomes a factor of major significance after the growth potential of the individual is exhausted. In general, the biological and functional curves of aging

indicate rapid growth and development to a peak efficiency in the middle or late twenties, followed by a gradual decline throughout middle life and early senescence and a final descent in late maturity. Fortunately, there is one notable compensating exception. Cerebral or psychical function, in contrast to the more physiological functions, such as metabolism, motility, and reproduction, shows persistent evolution after the peak of maturity has been reached. Mental processes do not exhaust their growth potential until late in life, with the consequence that there is the possibility of a continuing rise in the functional effectiveness of intellectual activity into the eighth and ninth decades. Investigations are indicating, in addition, that most older people wish to continue to work and to serve as social participants in the affairs of their community; they do not welcome superannuation, either in employment or in citizenship. They strive to retain independence and to assume a large share of responsibility for their own management. And, above all, they want to continue in a socially useful role and to be recognized by the community as a social asset.

The present developmental level and pattern of societal structure, however, offer little opportunity for the older individual to invest his personal resource in activities conducive to progressive mental development. On the contrary, and in spite of the fact that American society subscribes to the principle of individual worth as regards all its citizens and to the right of all individuals to enjoy the greatest amount of satisfying self-expression, we continue to set older people aside and exclude them from an active and productive role in the community.

It is obvious that the increasing numbers of older people represent a national asset of a magnitude which society can ill afford to continue to ignore. Moreover, the humane treatment of older people requires that society recognize their personal dignity and their social value as individual citizens. To accomplish this, changes in social attitudes, relations, and institutions must be brought about. John Dewey emphasized the importance and the difficulty of the problem of effecting the needed cultural changes when he wrote that he was "unable to see how the basic human problem can be solved without social changes which ensure first to every individ-

ual the continual chance to have intrinsically worthwhile experience, and secondly provide significantly socially useful outlets for the maturity and wisdom gained in this experience."¹

Aging is a perplexing multidimensional problem, and as yet relatively little is known about any of its aspects. There is urgent need for a concerted effort on the part of many diversified disciplines and practices to determine the nature of the aging process, and to understand the dynamic interrelationships between changing structure and function on the one hand, and the changes in personal and social behavior which they precipitate. But no matter how great the need for theoretical clarification and for accumulation of mass interdisciplinary data on the physiological and biological aspects of aging, and on the economic, emotional, health, and social needs of older people, the urgency of the problem of increasing millions of older men and women makes it imperative that all knowledge be put to use as soon as it becomes available. No single institution has a more significant role in establishing the needed and widespread changes in cultural atmosphere and social practice which will insure a future for age than does education.

Fortunately, education is somewhat prepared for its role. It has already undergone considerable evolution. Once oriented merely to the preparation of youth for adulthood, it has, during the last half century, progressed to a recognition of the need for the provision of adult education for living during maturity. More recently, it has developed the concept of "life-adjustment education" which provides a rational basis for the extension of education into the later years, when the need for adjustment to the profound changes concomitant with aging is as conspicuous as that required in the developmental periods of life.

Education for an aging society is not limited to the later years. On the contrary, objectives in every part of the educational process must be evaluated with reference to the full life span. Provision for the continued progressive development of individuals throughout the life cycle is necessary. Education in youth, which offers preparation for adult living, should be considered merely as a first

¹ John Dewey, *Introduction to Problems of Ageing*, ed. E. V. Cowdry (Baltimore: Williams & Wilkins, 1939), p. xxvi.

segment of the lifelong learning process. Education for the chronologically mature should include, not only learning for the present, but also preparation for the problems attendant upon growing older; while instruction for old people, who are already living their tomorrows, must be designed with reference to today's problems.

Education for continued progressive development not only prepares the individual for living each life segment with reference to the others, but, in addition, promotes understanding between individuals of various ages as to the capacities and problems of each other. Mutual understanding between age groups may be expected to result in the development of attitudes of tolerance and acceptance and in a more favorable social climate for the old. In a balanced social community, "a congenial mutually dependent and mutually appreciative relationship of joint responsibility in terms of actual capacity and contribution develops between youth and age."² To these goals of mutual understanding, education can make significant contributions.

If the older person is to achieve satisfaction and to put his accumulated experience to work for the good of the community, it is necessary that his mental processes be exercised throughout life. In modern machine culture, large numbers of individuals spend their working lifetime in jobs demanding so little or so restricted a scope of mental activity that there is a premature atrophy and functional deterioration of the intellectual functions and a "withering away" of the inner resources of the personality. Opportunity for the expression of imagination, creativeness, judgment, initiative, or for the satisfaction of other psychological and emotional needs is lacking in the lives of most individuals. Accordingly, education must supplement the routine of the narrow assembly-line type of work experience by helping individuals seek out and train those abilities and capacities which are the basis for satisfying and productive living in the middle years, and which become the reservoir of resource for achieving satisfaction in the later years. Erich Fromm has emphasized the necessity for developing the inner resources of the personality in preparation for living in the later years. In *Man for Himself* he writes:

² Walter R. Miles, "Psychological Aspects of Ageing," in Cowdry, *op. cit.*, p. 536.

Many examples show that the person who lives productively before he is old by no means deteriorates; on the contrary, the mental and emotional qualities he developed in the process of productive living continue to grow although physical vigor wanes. The unproductive person, however, indeed deteriorates in his whole personality when his physical vigor, which had been the mainspring of his activities, dries up. The decay of personality in old age is a symptom; it is the proof of the failure of having lived productively.³

Information and guidance are as important for adjustment to "growing old" as for adjustment to "growing up." Both processes represent periods of profound change in the internal and external life of the individual. The adult is just as baffled and is rendered just as insecure by the changes associated with aging as is the youth by those accompanying growth to maturity.

Basic changes occur in anatomical, physiological, and psychological functions of which the individual gradually becomes aware. Structural and physiological modifications are reflected in such experiences as decreased physical vitality and increased fatigability; increased frequency of pain; marked cosmetic changes; decreased tolerance for exercise, temperature extremes, loss of sleep, and excesses of food and drink. Changes in psychological functions are to be found in decreases in reaction time, sensory acuity, learning efficiency, memory, emotional reactivity, and breadth of interests.

External changes also take place in the life pattern. These include the sudden or progressive loss of earning power; loss of family members and friends by displacement or death; modified family role, often involving loss of independence; increased difficulty in establishing communications within his own or with other generations; decreased social value; and diminished opportunity for continued community contributions and participations.

All these factors, internal and external, give rise to frustrations and to the development of certain fears and attitudes. Some older people, of course, make their own personal adjustments with the aid of wise foresight and fortuitous circumstances; others are helped by counselors or friendly institutions. The majority, however, do not make complete or satisfactory adjustments. They find old age a time of emotional barrenness and personal defeat: a time when

³ Erich Fromm, *Man for Himself* (New York: Rinehart, 1947), p. 163.

they are unwanted in the world of work, without personal prestige, unnecessary and frequently in the way in the family, and unprovided for in the social life of the community.

It is obvious that if age is to have a future, something must be done to satisfy the basic needs of older people for satisfaction and security in economic, social, health, and emotional spheres, and to adjust the attitudes of society and modify its practices in conformity with these needs. Retardation of the processes of aging and its cataclysmic effects upon the personality may be brought about by effective educational methods which provide motivation and incentive for continuing mental growth and participation in the life of the community. In turn, the community can be brought to understand its role in providing a cultural milieu favorable to the continued happiness and productiveness of its older citizens. The role of education in guidance for aging is then to be thought of as several-fold. First, it must serve the older people directly by the institution of new programs, or the extension of those already in existence, with the objective of facilitating optimum adjustment in the later years. People who are becoming older need help in developing an understanding of the aging process and a sound philosophy as to the naturalness of growing old. They must be provided with information regarding the special problems and the opportunities of the later years. They also need help in creating new and varied interests and in evolving satisfying designs for living the latter half of life. Further, they should be provided job retraining as their skills are outmoded by new technological advances, as they become superannuated industrially, or as their capacities change with age.

Secondly, it is appropriate for education to assist in changing the attitudes of the community toward older people. Recognition of their intrinsic worth by providing educational programs for them is but the first step. As the concept of the changing population structure and its cultural impact upon American life becomes a part of the comprehensive social studies curriculum, a new respect for the role of the older person in society will be engendered.

Thirdly, implicit in the presentation of the programs for and about older people is the assumption that research and experi-

mental programs will be carried out. These should be designed to determine the needs and capacities of older people, the kind of information they need, the types of activities in which they can engage with satisfaction to themselves and with value to the community, and the broad social policies which will secure for them a maximum of happiness and self-expression. Evaluation studies of programs designed to change community and social attitudes and of adult education offerings for older people should be a part of any well-planned attack upon the problems of an aging population. Such studies will furnish information from which it is possible to determine how effectively the programs are achieving desired goals and to modify objectives and procedures intelligently.

Fourthly, recognizing that problems in the new field of gerontology will require a multidisciplinary approach, education will be obliged to train professional personnel in the many fields concerned with older people. However, the constant increase in the number of old people renders the problem of trained personnel so urgent that instruction must be provided for those workers who are already employed in agencies and institutions which deal with older people. New courses of study need to be developed; those already in existence can be modified or extended to include the study of the older age groups. Clinical practice and experience with older people should also be provided. A recent report from the Federal Security Agency which discusses the growing need for trained personnel states:

More physicians and particularly psychiatrists with experience in geriatrics will be required; more psychological counselors; more scientists and technicians for work in chronic disease and gerontological laboratories, more social scientists and psychologists for research in social aspects of aging, more public health nurses, health educators, social workers, and rehabilitation agents skilled in working with older people; more adult educators, group workers, and recreation workers who are familiar with the kinds of activities that appeal to older persons.⁴

In addition, there may develop a need for specialized old age counselors, individuals broadly trained in social science and service

⁴ Federal Security Agency Bulletin, *Programs for an Aging Population*, (Washington, D.C., 1950).

who can bring to bear the coordinated knowledge and skills of all the professional fields.

Adult education is to be congratulated for its achievements in providing programs for mature people which run the gamut of the instructional fields. Night schools are crowded, their enrollments often equaling or exceeding that of the day schools. But however good these programs may be, it is apparent that they are not completely adequate to satisfy the needs of old people. Recognizing that this deficiency becomes more critical as the shifting population structure produces an ever increasing proportion of older people, the Department of Adult Education of the National Education Association recently created a Committee on Education for an Aging Population. The objectives of this committee are to call the attention of adult education agencies to the need for developing programs directed to assist those who are growing old, to aid in coordinating the work of all professional groups concerned, to focus the attention of the nation on the problem, and to arrest the progress of individual and social maladjustment.⁵

An examination of educational programs will reveal to what extent education is meeting its responsibilities to older people in serving their educational needs directly; in changing attitudes of the community toward them; in making studies and carrying out experimental programs for the discovery of new knowledge and effective practices in relation to the educational needs in old age; and in training adequate numbers and kinds of professional personnel for service with older people.

The University of Michigan was the first of our educational institutions to serve older persons directly by offering courses specifically devoted to the problems of living in the later years. In the spring of 1948 the University Extension Service, with the assistance of the Institute for Human Adjustment, presented the first of these courses.⁶ They have subsequently been repeated in several cities.

The content of the courses is based upon the assumption that

⁵ Committee Report, *Adult Education Bulletin*, XIV (1949), 60-62.

⁶ For a full description of the course see Clark Tibbitts, "Aging and Living," *Adult Education Bulletin*, XIII (1948), 204-11.

the basic needs of older people are the same as those of human beings at any age, the essential difference being in the relative strength of the various needs and in the resources available for satisfying them. During the course a series of lectures is presented, each lecture dealing with some major phase of living in the later years. The lectures are designed to provide specific information for immediate use in connection with current individual problems, to help people develop a philosophy about growing older, and to afford some understanding of the relationship between the satisfaction of the needs of older people and the total social organization. The broad fields of information covered in the course include the biological aspects of aging, maintenance of physical and mental health, psychological changes, living arrangements, religion, creative activities, social and economic security, legal problems as related to wills and inheritances, and responsibilities of the community in providing citizenship, recreational, and other types of suitable activities.

Enrollment in the course, which is offered on a noncredit basis, is open to any interested person. Although the course is planned for people in later maturity, the students have ranged in age from eighteen to ninety years and have represented all walks of life. Approximately 25 percent of the students have been professional workers with some responsibility for older people. From responses to an inquiry directed at learning the purpose of the students in electing the course, three categories of reasons were enumerated. First and most frequent was a need for guidance with personal problems related to growing old. Some examples of such responses are:

I want help in making a personal adjustment to a change from 26 years of professional activity to my present status of unemployment.

I don't want to become a crabby old man.

I am a stranger in this community and must become adjusted to new surroundings and people—not easy at seventy-two.

I want to learn how to be useful as long as possible.

A second category, which comprised the responses of most of the younger members of the class, was a desire for help in understand-

ing the needs of older people in the family and in making provision for them. For example:

My father is seventy-five years old and a semi-invalid. He lives with us, and we want to know how to make him as happy as possible.

I want to get some ideas on how to adjust myself to my aging parents, who are seventy-nine and eighty-four. Their ideas are different from mine, and it isn't always an easy matter to get along agreeably.

A third classification was a desire for information as an aid in giving service to old people. Examples include:

As a social worker, I see the need to learn much more about the problems of old people.

I am a medical doctor; I want ideas to help me care for my older patients, as well as to learn how to grow old gracefully myself.

I operate a convalescent home; I want to know what to do to make the old people happy.

These reasons illustrate the diversity in interest and status of the individuals electing the course; but more significantly, they testify to the pressing need for the dissemination of information about aging.

Other educational institutions are now providing similar courses. One of these is Cleveland College, where Mrs. Lucia Bing conducts a noncredit course dealing largely with the personal problems of the members of the class. Another is the University of Omaha Alumni Association, which is offering its first eight-weeks course in the spring of 1950. The University of Illinois Extension Service has introduced a new course called "Aging and Preparing for Advanced Years," designed for persons over thirty who are interested in preparing for old age, for persons already in advanced years, and for persons who deal with, and care for, the aged.

Community as well as educational agencies have organized lecture series with a view toward helping older people. There is a great deal of merit in these programs, because as a rule they are sponsored by several agencies concerned with old people, and it is possible to integrate the activities of industrial personnel workers with the work of community agencies. Rock Island, Illinois, and

Dayton, Ohio, are examples of communities which have provided this type of opportunity for their older citizens.

Industry, challenged by the increasing numbers of older men who are reaching retirement age, is attempting to assist its employees to prepare for their later years. The first experiment in education for older workers was carried out by Dr. R. B. Robson in the General Motors of Canada plant at Walkerville, Ontario.⁷ Dr. Robson arranged for a series of ten lectures on topics adapted from the University of Michigan course. The course was made available to workingmen in the plant who were past the age of fifty-five and to their wives. So successful was this course in stimulating interest among the workers that many began to make long-range retirement plans. Since that time, there has been a demand for the course to be repeated and for a lowering of the age requirement for enrollment to forty-five years. Dr. Robson found that the men were eager to supplement the lectures by individual conferences and, as a result, he feels that a counseling service should be included as part of the course.

In addition to the formal courses or lecture series, extending over a period of weeks, short intensive conferences or institutes have been devoted to one or more aspects of the aging problem. In the summer of 1948, the University of Michigan presented the Charles A. Fisher Memorial Institute, the first of such conferences in this country to be designed primarily for the guidance of older people.⁸ This institute was devoted to a survey of the major areas of the old age problems. In the University of Michigan institute of the following summer, an intensive study of the three specific areas of housing, recreation, and employment was made.⁹ A third conference is planned for June, 1950, which will deal comprehensively with medical care, mental health, and education for an aging population. Emphasis in these institutes will continue to be placed upon the practical aspects of growing older and upon the specific

⁷ R. B. Robson, "Experiment in Education of the Older Worker," *Industrial Medicine and Surgery*, XVIII (1949), 365-67.

⁸ For a report of the proceedings see Clark Tibbitts, ed., *Living through the Older Years* (Ann Arbor: University of Michigan Press, 1949).

⁹ See Clark Tibbitts and Wilma Donahue, eds., *Planning the Later Years* (Ann Arbor: University of Michigan Press, 1950).

things which the community can do to help in the solution of the problems of the aging. Each year the institutes have been attended by a considerable number of older people, some of whom have returned to their own communities and brought pressure to bear on local adult educators or social agency personnel to provide educational and community programs for their group.

The University College at Washington University held an Institute on the Problems of Aging in the spring of 1949 which had a broad subject-matter coverage appropriate for older people. In addition, several communities, such as Rochester, New York, have sponsored short conferences designed to serve their older citizens.

These courses and institutes can be considered as but the first of experimental approaches. They do, however, provide information and stimulate individuals and groups to further action. If they are carefully reported, they also serve as a point of reference for further planning.

Retraining is another function in which education can serve the older person. Arbitrary retirement plans force many individuals, who need, wish, and are able to continue to work, into the ranks of the unemployed. Adult education centers are providing vocational training for adults, but they should now become cognizant of the need to provide retraining for the older worker who can no longer find employment in his previous area of competency. Such programs should train older workers in skills which have market value and which are commensurate with changing physical strength and capacities.

In establishing retraining programs, educational agencies will need to provide guidance and counseling for the older person. Not only should vocational guidance be a part of the counseling program, but, in addition, counseling should be provided in the selection of appropriate leisure-time activities, in the formulation of adequate retirement plans, and in the solution of family living problems. Moreover, the counseling center should serve as a liaison with other social agencies of the community in helping the older person work out plans.

Training and counseling programs and special conferences and institutes on the problems of aging can be directed at helping older

people understand the unsympathetic attitudes of the typical community, and, at the same time, can assist them in discovering ways to help change these attitudes. But there is also a need for a carefully planned campaign of public instruction on a broad scale. Every known means for mass education and communication should be employed to make known the facts regarding aging and to emphasize the social worth and dignity of older persons as a group and as individuals. Particular effort should be made to interpret the needs and capabilities of older people to community planning agencies, service clubs, civic groups, fraternal organizations, churches, personnel groups, unions, and political groups. Emphasis in these educational programs should be placed upon the whole range of the needs of the aged and upon the importance of a simultaneous attack upon all phases of the problem.

Individuals and agencies now working in the field of old age are handicapped by the inadequacy of available information. Research, with the possible exception of that in the field of medicine, has not been plentiful and has proceeded very slowly. It is urgent that the tempo be accelerated. All new programs should be designed so as to permit an evaluation of their effectiveness. Reports should be published, so that a literature dealing with all phases of the aging problem will become available. Further encouragement should be given to planning for the collection and dissemination of existing information. Nowhere, at the present time, is material being systematically collected, listed, abstracted, and evaluated.

The "students" in the courses offered for old people may serve as a research "population." For example, in order to identify more clearly the needs and to determine more specifically some of the characteristics, motivations, interests, satisfactions, and problems of the older people in our classes, we made a study of a group of 112 between the ages of fifty and seventy-nine. An analysis was made of the responses of the students to two schedules, "Your Interests and Attitudes," designed by Burgess, Cavan, and Havighurst, of the University of Chicago, and "An Inventory of Problem Situations in Later Maturity and Old Age," by Tibbitts, Hunter, and Coons, of the University of Michigan.

The average age of the group was sixty-two years. Women out-

numbered men by a ratio of more than three to one. Fewer than 10 percent had been confined to bed because of illness during the past year, and 36 percent reported no illness. Educational backgrounds ranged from the completion of the fourth grade through several years of graduate study. All persons in the group were living in urban centers of 25,000 or more. Three fourths were employed or busy with homemaking; only eight were retired. All had some kind of hobby or leisure-time pursuit. Club membership was claimed by 80 percent, and the majority indicated that they were currently participating in the activity of their clubs as much as, or more than, when they were younger.

A study of the marital status and living arrangements of the group indicates that it is probably no mere coincidence that loneliness was one of the most frequently listed personal reasons for enrollment. One fourth of the group had never married, while nearly one half were widowed or separated, making about 70 percent without marriage partners. One half of the latter group lived alone, and the other half were housed with relatives or friends. Further evidence of unsatisfactory social relationships is to be found in the fact that on the Chicago scale lowest average scores were received on the intimate contact scale, which includes items related to living arrangements, number of times family, relatives, and friends are seen each year, and degree of family neglect. From the Michigan inventory we learned that while not many indicated problems in the area of living arrangements and family and social relationships, those who did tended to consider them as very serious. These and other evidences, such as lack of intimate friends with whom to discuss personal problems, help to explain why the course took on a therapeutic function, although this was not one of the originally planned course objectives.

The findings of this small study indicate the need for an extension of the course objectives and modification of instructional techniques. For example, in recognition of the need for increased opportunity to have more satisfying interpersonal relationships, two types of things have been done. First, instructional methods have been modified to permit informality even in groups of a hundred students, and social activities, such as receptions, parties, and hobby

shows, have been made part of the course. Secondly, encouragement has been given to the urge, which has appeared spontaneously toward the close of the course, for a continuation of the group on an informal, nonclass basis.¹⁰ In these ways, the course can contribute to the formation of friendships and activity groups which may become the basis for a community activity for older people, thus helping to combat one of the most frustrating problems of old age.

In general, we can conclude that people are recognizing the implications of long life and the need to think of the future of their later years. Such persons represent a challenge to educators to provide assistance to the normal, well-adjusted personality still busy in the affairs of life, but who nevertheless wishes to prepare for the achievement of happiness to the end of life.

Social work was one of the first fields to become cognizant that the increasing numbers of older people are creating a new social frontier in American life, and that this exigency is intensifying the need for knowledge regarding the problems of the aging population and of the older individual. In 1937 a series of weekly lectures on "Mental Hygiene in Old Age" was offered by the New York Committee on Mental Hygiene for professional workers with the aged. In 1940 a course, "Mental Health in Old Age," was conducted under the auspices of the Section on the Care of the Aged of the Welfare Council of New York City for persons directly connected with the care of older people. These courses have been followed by others designed to inform this professional group regarding social security programs, housing plans and programs, recreational and social problems, etc. Today, most schools of social work emphasize the older people as a special group for consideration in the courses of the regular social work curriculum. It is probable that whole courses will eventually be devoted to the problems of old people and that there will be specialization in this field just as there now is specialization for work with children.

In 1947 a survey was made by the Division of Maturity and Old Age of the American Psychological Association to ascertain to what extent instruction relating to the problem of the mature and

¹⁰ For a complete discussion of one such group see W. Hunter, C. Tibbitts, and D. Coons, "A Recreational-Educational Experiment," *ibid.*

older adult is provided by various departments in colleges and universities. Fifty-two medical schools, sixty departments of psychology, and thirty-two departments or colleges of education responded to the questionnaire. Specific courses related to old age were offered by only five medical schools, three departments of psychology, and two colleges of education. Instruction integrated into other courses was offered by twenty-eight medical schools, twenty-four departments of psychology, and fifteen departments of education. Medical courses were concerned with diseases of old age, and psychology courses placed instruction on old age in a developmental setting. Clearly, as late as 1947, there was relatively little emphasis on instruction about old age in the professional schools.

A few educational institutions and service agencies have advantageously co-sponsored special workshops, institutes, and in-service training programs in an effort to provide currently employed workers with the additional information and skills which they need to become *au courant* of present knowledge and practices. In February of 1949, the Schools of Social Work and Public Health, the Institute of Industrial Relations, and the Extension Service of the University of California co-sponsored an Institute on the Adjustment of the Aging Population. In May of the same year, the Ohio State University was host to a conference on Community and State Planning for Older People in Ohio, which was sponsored by the Ohio Citizens Council for Health and Welfare. In the summer of 1949, the University of Chicago conducted a three-week workshop on research in Problems of Adjustment in Old Age. The purpose of the workshop was to assist teachers who are developing courses on old age and research workers beginning or carrying on research projects in the psychological and sociological aspects of aging.

At present, the New York State Joint Legislative Committee, under the chairmanship of Senator Desmond, is collecting and compiling information on educational programs with reference to old age from all parts of the country. The information which this survey will make available should facilitate an evaluation of the trends and needs in the training of professional workers. It is probable that the findings will show that the amount of instruction has in-

creased since the 1947 American Psychological Association survey. But despite this increase, the results may be expected to reveal that the instruction currently available for equipping professional personnel for service among older people is flagrantly inadequate.

Most of the current programs have burgeoned from the initiative of a few individuals or small groups and are random in nature. Comprehensive educational programs designed to help older people adjust to and vitalize their later years are still to be developed. An analysis of current educational activities discloses an increasing awareness on the part of education that it has a significant part to play in extending the frontiers of the new field of gerontology. Unfortunately, the urgency for speeding up action in behalf of older people seems less fully appreciated. Granted that much remains to be discovered about the problems of old age, it is nevertheless imperative, in terms of the present happiness of millions, that full-scale programs based on existing knowledge be initiated. Provision can be made for modification as new knowledge and skills become available. The problem of serving older age groups is of immediate concern. Enforced superannuation based on arbitrary age standards is becoming a common business and industrial practice and is resulting in the release of old people into communities which are as yet laggard in modifying institutions and practices to meet their needs. Thus, increasing numbers of older persons are finding themselves in possession of large amounts of unallocated time, and they are forced to determine individually how it shall be employed. In so far as education has met its responsibilities in the past, there is no problem; in so far as it has failed, there remains a job to be done in training, retraining, and otherwise equipping the individual to meet the new problems of this later phase of life. This is education's opportunity to provide age with a future.

Services Offered Older People

By *PETER KASIUS*

THE PROCESS OF "AGING" should not be looked upon as a handicap. It is, in fact, a part of the growth process which begins at birth and continues throughout life. All the elements of personality that distinguish one person from another and that give to each individual his unique role in life persist to the end. It is true, of course, that through the span of life marked changes take place in the individual's physical stamina and in his capacity to cope with the environmental factors that are a threat to his security and peace of mind. But every stage in the growth process produces its casualties. When we discuss services for children and services for the aged on the same program we are discussing different facets of the same basic problem: the enrichment of human life through the conscious manipulation of all the constructive resources within our society that can be made to contribute more effectively to the health and well-being of its members.

Much of what we have learned through painful experience during the past half century in the field of child welfare might have some meaning in our social concern for the aged. In child welfare we have moved more and more away from emphasis on the narrow, protective function to a broader concern with emphasis upon normal developmental opportunities for all children. Only under very special circumstances do we now condone isolating the child from his normal environment.

When we look at much of what is being done for older people in the name of service, we still observe a strong tendency toward isolation and a disposition to play to the weakness rather than to the strength inherent in human personality. While recognizing the need for special protective and remedial measures for individuals faced with specific human problems, we should at the same time recognize that the basic need for all people, whether young or old, is to live as responsible members of society.

"To live is to function" were the words of Oliver Wendell Holmes in a message on the occasion of a national celebration in honor of his ninetieth birthday. If the venerable judge was right, then the doors of opportunity should be kept wide open for active participation on the part of older people in the life of the community, and whatever special programs seem necessary should be kept in balance with our over-all social and economic welfare.

To accomplish this will require a fundamental change in the attitudes toward the aging process. The rocking chair is not a symbol of dignity and security. It is the last refuge of futility, frustration, and despair. To say all this is not to deny that we are confronted with a serious problem associated with the aging process. The trouble is that for a long time our accent has been on youth, and now quite suddenly we discover that we are becoming a nation of oldsters. This is the most significant social fact of the past quarter century. As a nation we first became aware of its economic significance during the depression of the thirties. With industry hard hit and hordes of young people unable to get jobs, pressures were exerted to remove the older worker from the labor market, resulting in an emphasis on retirement to make room for youth. And to make retirement palatable, we have devised a nationwide social security scheme which is still far from adequate, both as to coverage and as to benefits. These inadequacies have left a vacuum which we have tried to fill with a system of old age assistance, and with private pension plans. Taken together, these various security measures make an impressive total so far as dollar expenditure is concerned—something close to five billions, according to reliable estimates. Certainly we shall have to find the answers to economic security, but it is not so simple as providing a minimum benefit and then telling the recipient to enjoy his new-found leisure.

Most security plans, both public and voluntary, have tended to emphasize retirement of workers from the productive market, regardless of the individual's desire to work, ability to work, and financial freedom. Further, the employer has tended more and more to limit hiring to the young worker, to avoid high retirement payments. Hence we have the currently unplaceable individual of

forty-five and often younger, especially in the case of women workers.

The loss of economic status has had far-reaching effects in many other ways. Without preparation and without opportunity for other forms of creative activity, many of the people who have become the beneficiaries of our increasing life span find themselves displaced, not only in industry, but in other normal social relationships. Even those unable to work or no longer desiring employment have frequently been unprepared for days of idleness, both financially and emotionally. Nothing can be longer than a nine-to-five day with "nothing to do."

Everyone knows exceptions to the helpless aged. There are the Bernard Baruchs, the George Bernard Shaws, and the Connie Macks, who at ripe ages still make headlines for their contributions to society. There are the Dr. Erdmans who celebrate eighty-sixth birthdays with a mixture of appendectomies, birthday luncheons, and three parties. There are also the other old folks who do not make the headlines but who effectively strike back at the industrial restrictions of our economy. Folks like Filipo, aged sixty-six, who, vastly overweight and crippled with arthritis so badly that he can walk only with a cane, defiantly works each day, regardless of weather, as a freight elevator operator in a large apartment house. To Filipo the necessary cost of a taxi to bring him to and from work is small payment for the satisfaction of being a part of the working world and of being independent. And Hungarian-born George, who at seventy-five still makes and repairs fine cabinets in his own small Manhattan shop. And the Norwegian-born light-house keeper, more than three-score and ten, who nightly tends the light beamed out to sailors at sea. These folks have been fortunate with their abilities to keep their places in the functioning community. Many more others have not been so successful in their fight "to function." We shall, of course, always have the brilliant exceptions. Our concern is not so much with them, except as sources of inspiration, but rather with the countless thousands whose will to function may be unnecessarily thwarted by unsound social and economic policies.

In the past our active programs for the aged have, in the main, been geared to helping take care of the needy and the sick, with protective care for those requiring such services. These programs are definitely necessary, and extension of them and development of new programs will be required if we are to serve those aged who need them. But if the problem is to be adequately met, we must concentrate on programs of action designed to encourage the older people to remain in the community where they belong.

Let us examine briefly some of the major service fields and their bearing upon the maintenance of normal habits of living:

Housing.—From a very practical and immediate point of view, the problem of living arrangements is one of the most baffling. There was a time not so far distant when mutual accommodation between the generations was possible. Homes for the aged, like children's institutions, were for those deprived of family ties. In a sense they were orphanages in reverse! Now the pressure is on such homes to admit people (and they all have long waiting lists) as the simplest way to provide shelter for them. Many of the applicants do not require the protective services of these homes. Unless suitable small-scale housing at low cost and with adequate service is made available, they have no alternative but to try to get into the already crowded homes for the aged or other institutions for congregate care. Homes for the aged have been and will continue to be necessary for some of our aged population. But at the best, they are a substitute for normal community living.

As a nation we have done little to provide housing, as an integral part of the community, suited to the physical and financial needs of aged couples and individuals. Only a negligible number of apartments in public housing projects have been allocated to elderly couples. They are no longer considered as "families" and are therefore ineligible. Whether special projects for elderly couples should be built or whether to make provision in general public housing developments has given rise to some difference of opinion.

European countries have done considerable experimentation with housing for the aged. England is reported to have learned, by experience, that old people prefer housing units designed for them as a part of a larger unit which accommodates all age groups. We

learned long ago in child care that it is best for the child to grow up in a family group and community with varying ages, rather than in an institution solely for children. Old people need as much to feel wanted and to be a part of a community of all ages. After all, the old person has had a lifetime's experience living with younger people. Why should we isolate him now to a community for the aged, rather than leave him as long as possible in normal surroundings?

It is encouraging to note that some of the homes for the aged are developing "home care" and "nonresident" programs for aged persons in the surrounding community, bringing them into social activities of the home, making available social services to them, and even in some instances providing small apartment units for living quarters. This is a step in the right direction, but we still have a long way to go.

Along with providing suitable low-cost housing for our aged, there should be extension of other related services in the community, including common recreation and living rooms to which they may, if they wish, go for companionship. Some common cafeteria, dining room, or such, should be available.

Use of carefully selected family boarding homes, on a supervised basis, has been found a solution for some of the aged who are unable to care wholly for themselves. Here they can have the advantages of a family setting with necessary personal services provided by the "foster family." Again we have learned from our experience in child welfare that a home setting is generally best if it can be provided. Public agencies in the welfare field cannot do too much directly to provide proper shelter, but we can testify as to the need and what lack of satisfactory living arrangements means in the total well-being of older people. Also we can use our skill and ingenuity in counseling with people who seek our advice. Often there are choices even within very restrictive limits.

Medical and health services.—The high incidence of chronic disease among the older age group in our population is a matter of common knowledge. What is not so well known is the high prevalence of chronic disorders among our somewhat younger age groups. A study in New York State disclosed that in 1941 there

were 2,000,000 persons suffering from some form of chronic illness and that 50 percent of these were under forty-five years of age. Medically, we have to distinguish, of course, between the conditions which make for long-term illness among the younger groups, and disability associated with the aging process. It is with the latter that the new science of geriatrics is concerned. However, in either case, reduction in the incidence of chronic disease will depend largely upon the degree to which the level of medical care is raised for the entire population.

There is a pressing need for expanded facilities for the treatment of chronic illnesses for the aged as well as for all others. More and better nursing homes and convalescent care institutions are also needed, not only for the ill and convalescing aged, but for all such age groups. There is need for improved clinical services convenient to the living quarters of the aged, which they can attend without an overtaxing journey or a wearisome wait. Extension of care by the hospitals to medical care in the home of the patient, who may be more comfortable or happier in his familiar home surroundings, may prove an important part of the medical care program of the future. Teams of hospital physicians, nurses, and social workers can do much to insure adequate medical care without removing the aged person from the comfort of his home. There are, of course, many difficulties involved in a medical home care program due to such factors as overcrowding and the absence of a proper caretaker within the family. But in situations where living arrangements are fairly comfortable and the necessary medical and nursing care is available, there is much to be said in favor of keeping the sick person in his normal environment.

Supplementation of these services by housekeeping services for the aged and sick can further make a home care medical program effective, to the benefit of the patient and without the high cost of hospital service. This more individualized approach to the care and treatment of chronic illness and disability has possibilities far beyond anything yet undertaken. There are some who envisage elaborate extension of wings to general hospitals as treatment centers for chronic cases. Strictly from the standpoint of medical service, such plans give promise for increased medical progress and

within limits should be encouraged. At the same time, however, it is important to stress the social and psychological values in home and out-patient care, a field in which the experience of welfare agencies dealing with people has much to contribute. For many older people particularly the primary need is to learn how to live with their disability, which is primarily a social, not a medical problem.

Rehabilitation services.—In the field of rehabilitation, which is defined to mean a planned program for overcoming specific handicaps, there has been a woeful neglect of concern for older people. Again the accent, for very plausible reasons, has been on youth. But there is really no sound reason why age should be a limiting factor in the extension of these programs to all who can benefit from them. Such extension was certainly worth while for the deaf man of sixty-five who got a job in an automobile factory enabling him to be independent, all because he was the recipient of these services and a hearing aid.

There is another element in this situation which is becoming increasingly more serious. This is the problem of the man who because of age can no longer be used in a given occupation. The classic illustration is that of the airplane pilot, but there are many others. Within large-scale industry where job opportunities are more varied this does not present too serious a problem. But for the man or woman who has been dropped from employment because of age the outlook is dismal indeed. Whether we choose to call what is needed "rehabilitation" or "retraining," the fact is that without community resources for vocational guidance and sufficient opportunities for making new occupational adjustments, large numbers of people will be lost to useful employment. Our public assistance rolls are mounting, due in no small measure to this fact. Whether the services needed to overcome this disturbing trend should be set up within the framework of a public welfare agency or elsewhere is for each community to decide. Certainly a grave responsibility rests upon public welfare agencies to take the initiative in pointing out the gravity of the problem and to lead the way in the establishment of the necessary services. There is an urgent need for exhaustive analysis of our industrial field to determine the kind of

jobs most suitable for older people, and the availability of such jobs. At this point, job counseling becomes important. There is need to consider what jobs can be performed on a part-time basis. And quite apart from paid employment, there is a need to find community services and activities to which the retired person can contribute—not something to “keep him busy,” but a service in the rendering of which he derives real satisfaction and a feeling that he has status.

So far we have dealt chiefly with three sets of services: those relating to modes of living, to medical care, and to rehabilitation. There are many other essential services to which we can only refer in passing. There is the important role of adult education to stimulate interest in hobbies, avocations, and interest in community affairs. If these are to have genuine meaning, interest in them must be stimulated and developed long before the prospect of retirement.

Recreational services for older people is almost an untouched field. As you walk through Central Park in New York City you see all about you the play areas and facilities for young people, and then as you go down one of the paths you see a row of elderly men seated on benches with chess and checker boards between them. You wonder what they do in the wintertime and during inclement weather. There is a challenge there if we have the wit and imagination to meet it.

And finally, but by no means least, is the need for counseling services in the hands of caseworkers who understand both the expressed and hidden needs of people and who can help them in their adjustment to change and unfamiliar experience. Such services should be basic to all others, for without them the drift will be toward institutions, toward isolation and segregation, and toward decay. It is within the purview of these services that the individual retains his identity as a person, and it is around services of this kind that public welfare can make its most effective contribution to the problem we are discussing.

What does this all add up to so far as public welfare is concerned? Our first obligation is to lend our authority and our voice to proclaiming the principle that older people should be given full op-

portunity to participate in our society as free human beings. This means opportunity to work for a livelihood; to contribute to the productive and cultural life of the community; to live under conditions of decency and health, including financial security for those who cannot work or who have chosen of their own free will to retire. This means access to medical, social, psychiatric, and educational services that will help to sustain them against whatever odds the vicissitudes of life present. These services, however, should not be conceived as something unique for a special, selected group but rather as a part of a total welfare program in which the unmet needs of all people are brought into proper balance.

With such a goal in mind, a heavy responsibility rests upon public welfare leadership. We need to find out, community by community, the factors and forces which tend to limit older people in making the contribution to productive and creative effort of which they are capable. We should know to what extent older people are being arbitrarily deprived of economic opportunity; we should know what is happening to older people as a result of family dislocation. We should examine social policies and practices that seem to encourage withdrawal from the community and determine whether these cannot be reversed so as to encourage participation. We should take a careful look at all current programs to find out where the gaps exist and to discover how all our welfare services can be made to provide a more coordinated approach to the needs of older people. We need to judge and evaluate our social programs in relation to financial security through expansion of social security measures. The present weakness of our security system should not be used as an excuse for developing unsound substitutes.

In short, all our efforts in behalf of the aged should be tested against the basic welfare concepts of meeting human need in terms of people and not in terms of labels.

A Community Project in Tuberculosis Case-finding

By *ELIZABETH P. RICE*

TUBERCULOSIS continues to be a problem to individuals and to the community in spite of the great gains which have been made in the more recent past. Although some half a million people in the United States have this disease which is one of great concern to the community because of its serious social implications, there is a real conviction that an adequate control program could markedly reduce or possibly even eliminate tuberculosis and its hazards.

Adequate diagnostic studies which discover early cases are the hope for the control of the disease. Today, about ten million persons a year are receiving chest X-ray examinations. This is accomplished through the general physical examinations provided by some private physicians; through the emphasis, in many hospitals, on routine chest X-rays of all admissions; and through the services of local, state, and Federal health departments.

Since 1900 the tuberculosis death rate has dropped from second to seventh place. This indicates what can be done through intelligent and active efforts in mass attack on the problem. This reduction in the rate, however, gives us no cause for complacency since the problem is still of large import. Social workers in the community need, therefore, to assist in efforts of prevention in adequate case-finding, in assuring complete treatment, and in helping patients to be rehabilitated.

The greatest incidence of tuberculosis has now shifted from the young adult to persons over forty and is particularly high among middle-aged and older men. This is an important group because it comprises the individuals who are the least responsive to participating in mass X-ray campaigns. It is important from the social

point of view because these are men and women at the peak of their capacities and still carrying family responsibilities. Moreover, when men and women in this age group recover from tuberculosis there is a greater difficulty of rehabilitation because of their age.

The greatest incidence is in urban areas. Then too there is a higher incidence of tuberculosis among the lower economic groups and among certain groups, such as the Negroes, where the mortality rate is three times that of the white race. This disparity is greater at the younger age level, particularly among women. These variations raise many socioeconomic questions and indicate that the attack on tuberculosis must be a general attack in relation to standards of living, housing, wage levels, and the like.

We can see, therefore, that although mass attack on the problem of tuberculosis in the last decade has produced very positive results, we are still dealing with one of the diseases which creates the greatest social and emotional conflicts and presents to the patient, his family, and the community some of the most serious social problems. Tuberculosis, consequently, should be one of the major concerns of social workers.

Social work should be concerned in helping the patient and his family to make a positive adjustment to the entire change in their way of life. This adjustment lasts, on the average, from six months to a year. One of the important ways in which social workers need to contribute to the control program is by helping the individual accept medical care with a conviction that he can and wants to see his sanatorium experience through to its proper termination. The high incidence of patients discharged against medical advice indicates that many individuals are apprehensive and concerned about situations in their own families, or have themselves not accepted positively their need for institutional care.

Social workers can help to make certain that adequate facilities and services are available and that these are made known to the families concerned. These services include not only clinics and sanatoria, but public assistance programs, adequate housing, rehabilitation programs, and especially the casework services which will help the patient and his family with their feelings and attitudes toward treatment.

Social workers, too, have the responsibility to organize and co-ordinate their community's services for tuberculous families. It is surprising to find, as a result of many tuberculosis surveys, that relatively few families in which there is tuberculosis seem to be known to community casework agencies and that the number of such families known to public assistance programs is less than one would expect. We do not know whether this is due to lack of program planning, or whether these services are not needed to the extent that we had thought they were.

Social workers also have a responsibility to help to assure preventive services in a community. Minimum income standards applied, adequate housing standards, the necessity for available clinics or services for routine examinations, instruction in adequate diet—all of these help to build toward a state of positive health which makes individuals less susceptible. Likewise, social workers have a responsibility themselves to practice good preventive measures, not only through the knowledge of tuberculosis and its effects on individuals, but also by participating in the community's preventive program for case-finding.

Social workers need to participate in research in relation to the social and emotional factors which contribute to the incidence and treatment of tuberculosis. Many of the difficulties in the control program need the sound foundation of studies in the social field.

Social workers have a responsibility toward effecting a change in the attitudes of the community. Within our culture still, there is a feeling of stigma, a fear of discovery of the illness, a desire to conceal the diagnosis, and, to an extent, a social isolation of the tuberculous patient, even when his condition is arrested. In many areas, it is difficult for arrested tuberculous patients to secure employment. With the emphasis on tuberculosis as a controllable disease, much of the anxiety of individuals and of their families can be lessened, and a more positive acceptance of preventive programs will result.

For some time, attempts have been made in small cities to determine the incidence of tuberculosis by offering to the general public an opportunity to have a chest X-ray. Since the incidence of tuberculosis is greater in urban than in rural areas and since the control of tuberculosis requires a mass approach, it was, therefore, necessary

to work out some plan whereby this mass study could be applied to large cities. The first such program was carried out in Minneapolis in 1947; since then about a dozen cities have used this method. The particular organization of a program for a tuberculosis survey will be dependent, in part, on the size of the city and its needs and on the local interest aroused and the methods which are formulated therein. However, there has developed somewhat of a pattern as this program has extended from city to city.

Social service has developed as an essential part of these surveys because it has been demonstrated that little good results in finding patients who have tuberculosis unless these patients follow through on an adequate plan for care. In the surveys, a large number of patients with early tuberculosis are discovered, and it is, therefore, of utmost importance that those patients who have a good prognosis have the opportunity to complete their medical care. We know from experience, that inadequate social planning with the patient and his family interferes with the maintenance of complete care. We know, too, that services need to be coordinated within the community to meet the needs of the patient and his family and that the gaps in community programs need attention. In any city being surveyed, it is essential to reassess the social resources to insure that they are adequate to meet the needs of the larger number of patients discovered in the survey.

During the months of September, 1949, to January, 1950, a mass attack on the problem of tuberculosis was made in Boston, an especially important city in which to make such a survey because of the high incidence of tuberculosis. Its mortality rate of 51.1 per 100,000 in 1948 compared unfavorably with the average for the state as a whole of 27.7 per 100,000 and was about twice as high as the incidence for the United States as a whole.

A tuberculosis survey is a project in community organization of the highest order. It requires the help and interest of official and nonofficial agencies, as well as the concern of the public as a whole. To surveys in the largest cities, the Tuberculosis Division of the United States Public Health Service contributes personnel to help to study the needs of the community and to prepare and lay the groundwork. This assistance was of tremendous value in Boston.

The United States Public Health Service also provides essential supplies and equipment for the period of the survey.

At the request of the city department of health and with the cooperation of the state department of health and the United States Public Health Service, the community through the interest of key citizens organizes itself for the survey. Usually, a local citizens' committee is established, truly representative of groups and of agencies which will be most concerned with the problems of the survey. The committee in Boston formed a temporary incorporated organization in order to raise funds. An Executive Committee was set up with the incorporators and representatives of the community as members. This committee continued to be the functioning body of the survey, and in this committee the program was outlined and policies formulated. Under the Executive Committee, planning and action committees were established. A Neighborhood Planning Committee, representing the fields of public relations and health education, interpreted to neighborhood districts and the city as a whole what a survey is and how to cooperate with the survey. A committee also determined location of X-ray services and helped to get local leaders to disseminate information and interest in the program as a whole. A Finance Committee worked on the budget for the survey. A committee representing industry determined where and when employees could be examined and scheduled the machines. Of particular interest to social workers was the Professional Services Committee, which included physicians, nurses, social workers, and research experts. This committee and its subcommittees determined the medical policies and procedures, nursing services and procedures, the function and program of social work in the survey, and defined the areas of research which would be encompassed during the survey period. It allowed for coordination of medical, nursing, social, and research skills, both in program planning and in coordination of services.

The social service committee is usually chaired by a well-known social worker in the community, a person with leadership in the field of social work who knows the community and the available services therein and who will be able to give leadership to the social work program. In Boston, because of the size of the program,

we had a co-chairman on each committee and used medical social workers either as the chairman or the co-chairman of each committee because of their special knowledge and skill in the social problems of tuberculosis. The functions of the Social Service Committee were defined as follows:

1. To stimulate the interest and the support of all the social agencies in the community in the program of the survey and to encourage their acceptance of responsibility in meeting the needs of patients and their families

2. To provide advisory services to the X-ray program and the Boston Health Department in determining the need for social service within the program, in assuming the responsibility for the social service unit as it developed in the program, in considering the community needs of patients and their families arising out of the case situations, in participating through representation on other committees of the survey, especially the Executive Committee and the Professional Services Committee, in the improvement of total services to patients and their families; to work closely with the Professional Services Committee and its subcommittees in order to achieve complete coordination of social service with medical, nursing, and other services in the program; and to be alert to the opportunities to participate in and promote the survey in any other appropriate ways

3. To administer the social service unit set up within the survey by defining the scope and function of the unit, by planning and organizing the unit, by preparing and presenting a budget to cover the expense of the unit, by assisting the supervisor of social service in recruiting and securing the staff, and by giving consultation to the staff as requested

4. To organize, to define responsibilities, and to integrate the work of committees in order to expedite the social service function in the program and to study results

For these purposes, four subcommittees were set up: one on social casework with subdivisions to study the clinical policies and procedures and interagency relationships; one on interpretation to work with social agencies and the community in interpreting the social aspects of tuberculosis; one on research to evaluate from the

project some of the social needs of individuals and gaps in community services; and one on long-range planning and evaluation to determine what are the needs in this community for tuberculous patients and families and what are the gaps in our community services, and to evaluate the social service program in the survey for whatever benefit it might give to other cities planning a survey.

Because of the broad scope of the social work program, we felt that all fields of social work should be represented on our committees. This experience of working together by social workers representing all special fields was one of the valuable results of the project.

One of the difficulties we faced was that of time. Although the survey had been announced for several months, the over-all organization was slow in getting under way, and it was not possible for the Social Service Committee to make much progress until some of the basic decisions had been made by the Executive and Professional Services Committees. The survey came at a time when social workers were under pressure, at the beginning of a new academic year with all the problems of new staff, new students, and during the Community Chest drive—at a moment when perhaps we were least able to carry the burden. However, the responsiveness of the group, their willingness to serve on committees, their attendance at committee meetings, and their interest in the program were on the whole commendable. We were, however, unable to carry out some of our plans either because our timing was poor, because we did not start far enough ahead, or because the chairmen were too pressed with other responsibilities to devote the time which would have been required. Moreover, the relative inactivity of the over-all Professional Services Committee prevented much of the integration through joint thinking about specific problems for which we had hoped.

Much time, at first, was spent on the question of an appropriation to support the social service unit in the survey. Private funds were not available through the Finance Committee of the survey itself, but finally, because of the interest of the city and the state health departments, salaries were made available for three workers. The

United States Public Health Service had already sent a medical social consultant to Boston to participate in the survey and to make a demonstration of social service activities in a health department. This consultant, Mrs. Esther Spencer, served as the supervisor and director of the staff, and our commendable results are due largely to her leadership and guidance. It was not possible to borrow social workers from already established hospital social service departments, not only because these departments were short staffed, but especially because the Social Service Committee believed that these departments should not underman their own services at a time when hospitals and clinics would be under additional pressure as a result of the survey and would need to help in the casework services to patients. We were finally able through the help of the city and state health departments to set up a staff of three workers and for a time had the loan of a fourth worker from the Boston Tuberculosis Association. Without this cooperation we would have been unable to carry on the program.

It became clear early in the survey that in Boston the social work program should be concerned, not only with the patients who were discovered to have tuberculosis, but also with patients who were suspected of having cancer or heart disease. The medical committees representing these latter diagnoses were very much interested, not only in studying the extent to which a mass survey can discover patients with these two illnesses, but also in assuring to cancer patients especially the opportunity of having early diagnosis and treatment. Since those suffering from lung cancer would be the largest diagnostic group in the cancer study, it was essential that these patients have immediate, further diagnostic study and treatment, and for this reason the Cancer Society saw the wisdom of adding two part-time workers to its staff to help patients with suspicious X-ray shadows to get adequate medical study immediately. The study of patients suspected to have heart disease was finally focused only on determining the incidence of heart disease in such a survey, and no social worker was utilized in the program. The Social Service Committee regretted this, for we believed that these patients too should have had the opportunity to understand their conditions and be helped to seek medical care and supervision.

It is to be hoped that this demonstration of the follow-up of cancer patients will indicate the need for social workers to assist individuals when any suspicious or positive conditions are discovered.

Our results, although not yet fully tabulated because the survey is not completed, so far indicate the essential contribution of the social worker to patients both with tuberculosis and cancer. Up to March 24, 1950, 1.37 percent of all films taken were positive for chest pathology. Of the positive films, 56 percent or 4,122, showed suspected tuberculosis. Of the patients with suspected tuberculosis only about 20 percent went to the Diagnostic Clinic. The others were referred to their local doctors. All patients so far diagnosed in the Diagnostic Clinic as having tuberculosis, 154, have been referred to the social workers. Of these, 114 were advised to enter a sanatorium. With this group the social worker's skills have been demonstrated, and at the time of writing all but four patients have been helped to resolve their resistances to sanatorium care and are either in a sanatorium or waiting for a bed. The caseworkers have not yet given up trying to help these four. This is an exceptionally high record and indicates the skill and contribution of the social workers in this program.

Of the patients suspected of having cancer, approximately 398, all but twelve have been contacted by the social worker either directly or through their physicians. So far, we have reports which show that 333 of these have already been to a doctor or clinic for at least one visit. This figure will undoubtedly be higher in the final report. The coordination of this cancer work with the local thoracic clinics was also a responsibility of the social worker in the cancer program, and through cooperation with local physicians and thoracic clinics, patients were early directed to diagnosis and to treatment. We feel certain that in the tuberculosis and cancer groups many patients who otherwise might have blocked or delayed their care were helped to accept and follow through treatment. Careful interpretation, help in working through their feelings about the diagnosis, and help in the acceptance of care were all demonstrated social casework skills. We feel, therefore, that the casework program itself, which was an integral part of the services to patients in the tuberculosis and the cancer follow-up,

was effectively carried out. We were unable to work very closely with the physicians to whom tuberculous patients were referred, and it would be hoped that in other surveys a program for case-work services to patients of private physicians could be established at an earlier period, thus making available to these patients also the full services of the survey. Our greatest problem came from the limited number of sanatorium beds, and it is to be regretted that the committee which was set up to work on bed facilities never functioned. It was expected that there would be enough beds in existing institutions, but at the end of the survey, the impact of the additional cases meant that about forty-five of our patients are now waiting admission to sanatoria.

Some of the problems which were explored by our Long-Range Planning Committee and which came out of past experience, as well as from the patients studied in the survey, were these: the problem of possible deportation because of tuberculosis of those persons who had been here a short time or were unsettled; the problem of employment of arrested tuberculous patients; the inadequacy of local public assistance to tuberculous families and the question of basic minimum relief standards as a preventive program for families on relief; the need for psychiatric services to patients and staff of tuberculosis clinics and sanatoria throughout the state; the need for disability insurance for tuberculous families; the inadequate number, or unwise distribution, of sanatoria beds; a study of need for social services to tuberculous families since there seems to be no recognized increase in the number of applications to social agencies as a result of a large program like this.

The survey also demonstrated the need for social work in the Tuberculosis Division of the City Health Department, and we hope that the Health Department will see the wisdom of adding social workers to its program. The survey also showed the need for the United Community Services, which is Boston's community planning organization, to become concerned about some of these problems. A new committee under the Health Division of this organization has been set up to follow through on these and other problems in relation to services for the tuberculous.

Some of the results of the survey seem to be:

1. There has been a stimulation of community interest in the problem of tuberculosis.

2. Through experience in working in the project, we have discovered persons interested in the field of tuberculosis and in participating in community programs.

3. We believe that we have interpreted fairly extensively the social aspects of tuberculosis. More could have been accomplished in this area had there been greater participation with the Public Relations and other divisions.

4. Through the social workers in the Tuberculosis and Cancer Divisions, we have demonstrated the importance of social casework to patients confused and anxious about their medical problems.

5. We believe that there is a greater recognition of some of the problems associated with tuberculosis.

6. We believe that we have helped to clarify community problems, many of which existed before the survey but which were never adequately pointed up.

7. We hope that community social agencies through their participation in the program appreciate more fully the need for social casework services to tuberculous families and understand more clearly the social factors involved in this illness.

8. Through the clarification of the need for social work in health programs, we hope that there will be a continuation of this service in the health department.

It is clear from this experience that all of social work has a responsibility in assisting in the control of tuberculosis in so far as social resources can meet the impact of this illness by providing services to individuals and their families and by insuring that there are available in the community the necessary preventive services to safeguard the health of the people. As social workers, we must see this broader approach to the tuberculosis problem and accept our share in the study of problems and in community planning toward improved services for the individual.

National Planning for Chronic Disease Control

By MORTON L. LEVIN, M.D.

CHRONIC DISEASE, like chronic health, is difficult to define precisely. The shortest inclusive definition is that it refers to disease which is not self-limited in duration by its very nature, such as measles or pneumonia, or a broken leg, but persists either as a continuous process or by producing permanent, long-term, or recurrent disability or impairment of health. In actual practice, the definition of "chronic disease" varies according to what it is that we are proposing to do about it. Thus the estimated one million persons in this country who now have undiagnosed diabetes need not be included in any definition used in planning for chronic disease hospital care or for rehabilitation services, but they have great significance for a program of detection of chronic disease or for prevention of its progression into chronic illness and disability.

Admittedly, both the term and the concept of chronic disease are broad. Each of us probably has a slightly different concept for the term, depending on our experience and professional preoccupation. Many people think of old, feeble inmates of county homes; others think of bedridden, paralyzed patients waiting to die; others think of persons who are not disabled but who are always in poor health. Each of these concepts is far from complete.

The broadness of the concept of chronic illness is deliberate. It stems from the realization that attacks on specific, well-defined individual chronic diseases—cancer, heart disease, poliomyelitis—essential though they may be from many aspects, are not enough. They are not enough because in focusing upon individual diseases we tend to lose sight of the individuals who may have any one of a number of diseases and they may be wasteful because the community cannot afford to set up separate services for separate diseases

when one could do the job for all of them. The point is that the concept of chronic disease is broad because we have need for a broad approach to disease and illness in planning for its control. The chronic diseases provide enough common problems to make such a concept—and the approach based on it—meaningful and practical.

Whichever of the major phases of a program for control of any one chronic disease we may consider, whether detection, early diagnosis, rehabilitation, hospital care, nursing home care, or home care, we find that the same service is needed and could be applied to persons suffering from most other chronic diseases, at various stages—or could easily be extended to include them. Recognition of this fact has resulted in the effort on the part of many communities and agencies to plan broadly and concertedly with respect to chronic illness.

After looking over some of the many activities that have been and are being carried on throughout the country, the appropriateness of the phrase "dilemma of chronic illness" becomes clear. "Dilemma," as defined by Webster, is not an entirely satisfactory description of the current situation faced by agencies dealing with chronic illness since Webster says that a dilemma poses choices or alternatives that can be anticipated to be equally unsatisfactory. For national, state, and local agencies planning an attack on chronic illness all the choices among the various plans of attack are desirable and can be anticipated to be probably effective. The real dilemma lies in the fact that no one agency has the staff, time, money, or equipment required to make an attack on all fronts, and consequently each must decide which of the various approaches is to be taken. Lacking a master plan and over-all coordination such individuality of choice makes for great activity—and great confusion.

However, since solving the problem of chronic disease and caring for the chronically ill require a number of different, although closely related, community undertakings it is probably just as well that we have our present multiple approach. To determine the most effective plan for a state to follow in handling the problem it is good that at present we have in operation several different plans

for organizing a state-wide attack. Similarly, if we will eventually need to maintain a hospital for the care of the chronically ill in each community then we can better decide what auspices will be most successful in building and operating such institutions by observing and evaluating the current experiences of a regular department of the state government in Massachusetts, a specially created state commission in Connecticut, the city government of Springfield, Massachusetts, a private foundation in Peoria, and a religious charity in San Francisco, all of which are now building modern institutions for the care of the chronically ill. Meanwhile, and since the problem is urgent and the solution badly needed, nothing is being lost by such experimentation since all the efforts are useful and will contribute to the eventual solution.

At the national level the problem of chronic illness has focus and direction through the joint efforts of four national organizations—the American Hospital Association, the American Medical Association, the American Public Health Association, and the American Public Welfare Association—which joined together to found the Commission on Chronic Illness. Beginning with the Joint Committee on Chronic Disease in 1946, composed of representatives from each of the organizations, we have moved forward steadily through the publication of *Planning for the Chronically Ill* in 1947, the National Health Assembly in 1948, the Interim Commission on Chronic Disease, and finally, in May of 1949, the incorporation of the Commission, a body of thirty nationally prominent citizens, to lead the national attack on the problem of chronic illness.

Concurrently with the formation of the Commission the United States Public Health Service established a Division of Chronic Disease. This was another result of the recommendations of the National Health Assembly. The new division was set up to coordinate and integrate the Public Health Service's many activities concerned with the specific chronic diseases; the Service already had national programs for the control of cancer, mental disease, tuberculosis, venereal disease, heart disease, and diabetes. So far, the Division of Chronic Disease has been concerned chiefly with demonstration projects in the detection of chronic diseases, and Dr. Chapman, the

chief of the Division, has been a leader in experimentation with multiple-screening techniques.

Lacking means of preventing many of the chronic diseases, early diagnosis and early treatment constitute the most effective and presently hopeful method of control. During the past decade significant progress has been made in early detection through examination of presumably well persons. Leaders in the field of preventive medicine have, for many years, urged apparently well persons to have periodic physical examinations, especially after they passed the ages of forty, fifty, or sixty. More recently, the periodic physical examination as a means of detecting a specific disease has been strongly advocated in the vigorous national educational campaigns of such voluntary organizations as the American Cancer Society, the American Heart Association, and the National Tuberculosis Association. Newspaper and magazine publicity, car cards, radio, and motion pictures have been liberally used to urge people to find out whether they have the symptoms of a specific chronic disease.

The California Department of Public Health, the Santa Clara County Medical Society, and the San Jose City Health Department joined forces in 1948 in a pioneer effort to test groups of people for more than one disease at the same time. Nine hundred and forty-five employees in four industrial establishments were examined for the presence of pulmonary or cardiac disease, syphilis, kidney disease, or diabetes. This plan of mass testing for several diseases at the same examination was called "multiphasic screening." The San Jose experience has been reported in *California Medicine* by Canelo and his associates and in the *American Journal of Public Health* by Breslow.

The Division of Chronic Disease of the Public Health Service has cooperated with local health authorities and medical societies in extensive experimentation with multiple screening. Outstanding experiments are now being carried on in Atlanta, Boston, Indianapolis, and Richmond. In the course of one visit, examinations are made on each individual for anemia, diabetes, tuberculosis, heart disease, lung pathology, oral lesions, syphilis, glaucoma, vision testing, and hearing testing.

Multiple-screening examinations are not expected to ferret out every case of diabetes, syphilis, tuberculosis, and the other diseases for which tests are made, but they are a device for screening out in the most economical fashion many cases that would not otherwise be found. There is a considerable saving in time and money if there can be a single health education campaign, record system, and follow-up service for a screening program embracing several diseases rather than the establishment of administrative machinery for each one separately. The individual participant and the physician to whom he is referred have much more useful information concerning his health status from multiple screening than is obtained from any single test.

At its Washington session in December, 1949, the House of Delegates of the American Medical Association established a Committee on Chronic Illness to act as a liaison committee of the American Medical Association with Federal and national agencies in fostering and developing a sound national policy in the matter of chronic disease. This committee is currently reviewing the multiple-screening activities of the Public Health Service Division of Chronic Disease and will submit the results of its study to the House of Delegates at the annual meeting of the AMA in San Francisco in June of 1950.

At the other end of the spectrum—providing nursing care for the disabled victims of chronic illness who cannot be cared for at home—the most significant national development was the organization in September, 1949, of the American Association of Nursing Homes, a national organization of state organizations of the operators of licensed nursing homes. This is a hopeful development, although the coverage of the national association is limited by excluding states which do not license nursing homes and others which do not as yet have state-wide organizations of the operators. The national Association has great potential value and effectiveness as a medium for bringing organization into this heretofore completely unorganized and diffused field. Social workers interested in encouraging an increase in the number of nursing homes and in the kinds and quality of care offered should acquaint themselves with the American Association of Nursing Homes at this crucial time

in its development and lend their support to assuring that the national organization will be a constructive force.

For many years some of the state health departments have been responsible for research and control programs in connection with specific chronic diseases. State welfare departments have become involved in the problem as the victims of chronic disease came on the welfare rolls or became patients in establishments under the inspection or licensing authority of the welfare department. The establishment of programs of old age assistance with the resulting broadening of the purview of many state welfare departments focused the interest of more and more state officials on the problem of the chronically ill. At the state level, however, chronic illness as an integrated, identifiable, medical and social problem was not given recognition in state planning until after many local organizations had pioneered in community planning.

The State Department of Health in Massachusetts and the New Jersey Department of Institutions and Agencies were among the first to carry out detailed studies of chronic illness. The Almshouse Commission of Maryland in 1940, the Public Welfare Council of Connecticut in 1945, an Illinois legislative committee in 1945, and the New York State Health Preparedness Commission in 1947 followed with studies of chronic illness in those states. The California State Department of Public Health made a study of cancer and other chronic diseases in 1949.

In May, 1949, the editor of the *American Journal of Public Health* asked all the state and provincial health officers of the United States and Canada to list the major improvements they would like to achieve for the promotion of the health of the people in the areas they served. Aside from the development of local health units and procurement of adequate personnel, the control of chronic disease was reported as of more concern than any other phase of public health. California and New York gave this type of program top priority. The other states which listed chronic disease as of major concern included Connecticut, Florida, Massachusetts, Michigan, Mississippi, Montana, Oklahoma, and Wisconsin.

In Massachusetts the State Department of Public Health is co-operating with the Massachusetts Medical Society and the Public

Health Service in operating a multiple-screening program known as the Health Protection Clinic at the New England Centre Hospital in Boston. During his clinic visit each patient receives, not only all the available clinical screening tests for at least ten diseases, but a complete physical examination. The Massachusetts Heart Association and the Massachusetts Division of the American Cancer Society each contribute financially to the operation of the clinic. The Massachusetts department is now planning a comprehensive chronic disease control program. This will include the promotion of diagnostic and treatment facilities, screening, social follow-up, education, and research. As a part of this program the department is planning the erection of a 600-bed chronic disease hospital in Boston with special facilities for diagnosis and treatment, research, the training of medical students, and a large out-patient service.

Following the study of the problem made by the New York State Health Preparedness Commission in 1947 regionalization of the state for the purpose of providing services and for the construction of regional chronic disease hospitals associated with medical schools was recommended. In March of 1950 the Governor announced that the United States Marine Hospital in Buffalo was to be made available by the Public Health Service for the use of the state health department, the University of Buffalo, and the medical profession of the Buffalo area as a "clinic-institute" for the study of chronic illness. The hospital will include out-patient clinics for multiple screening, for rehabilitation, and for the treatment of chronic alcoholism.

In Michigan chronic disease detection and control are receiving primary emphasis in a plan developed by the State Department of Health. The plan is designed to make each doctor's office a center for complete examination of patients. This examination is urged, not only for persons with symptoms, but especially for the asymptomatic individual so that a complete appraisal of his health status may be obtained. The program is directed to professional and lay education, the establishment of case registers and statistical services, cancer prevention services, case-finding services, consultation services, diagnostic services, hospital services, and public health nursing services. These services are all developed in the local county health

department in cooperation with the county medical society, with the State Department of Health providing consultative and advisory services.

Both Connecticut and New Jersey have state commissions that are concerned with studying the total problem on a state-wide basis and with taking leadership in planning. In Connecticut the commission is operating a hospital for the chronically ill in connection with its state veterans home and hospital at Rocky Hill. Plans are now being made for the erection of a new institution at New Britain. This project is being planned to include facilities for intensive hospital care, for continued nursing care, and cottages and dormitories for the use of persons who can manage a considerable amount of independent living.

Prevention, detection, control, and long-term institutional care are receiving increasing attention by the states. Some of the states have so far only managed to study the problem. Others have taken action in initiating programs such as those outlined here. Most of the efforts are very recent; the new chronic disease hospitals are just being built or opened, the multiple-screening centers have just started to operate. It is too soon to know how effective these efforts will be and which plans will prove most fruitful. It is not too soon, however, to see that much is being done and that there is a widespread conviction that much more must be done at the state level.

In the local communities we find the greatest activity both in planning programs and also in providing services. Voluntary organizations (such as local medical societies), hospitals, health officers, and councils of social agencies have joined forces in surveys and in direct programs of care. Separately, these organizations and other voluntary groups have sponsored bedside nursing services, visiting housekeeping services, visiting services for shut-ins, central referral services, the construction of institutions of various types, rehabilitation centers, and many other projects.

In most instances the first task undertaken has been an inventory of the local chronic disease problem. In some communities an effort has been made to determine how many persons were chronically ill.

cally ill, the kinds of illness, degrees of disability, and the services and assistance needed. Limitations of funds, skilled personnel, and time have generally limited the technical detail of these undertakings. Rather than measuring the size of the problem through enumerating the persons affected, the local studies have usually been confined to analyzing local facilities and services and then estimating unmet needs on the basis of opinions of local experts and by making local application of the National Health Survey figures.

The first and best known of the local studies was Mary Jarrett's in New York. Since then, studies have been made and the results published for Boston, Cleveland, Chicago, Milwaukee, Philadelphia, Pittsburgh, and St. Louis. In the past five years at least thirty-two communities have made studies of their chronic disease problem, and a number of other communities are so engaged or plan to make such studies in 1950.

We all know that making a survey is in itself an effort of limited worth if it is not vigorously followed up to secure action based on the findings. It is too soon to evaluate the results of the great bulk of the community surveys that have been made recently. But whether as a result of a study of the situation or in recognition of the urgent need, programs of action are the order of the day. Special mention should be made of one local voluntary agency which is doing pioneer work in the field of chronic illness, including basic administrative research. This is the Central Service for the Chronically Ill of Chicago, directed by Edna Nicholson and sponsored by the Institute of Medicine of Chicago. The Chicago Central Service carries out what is in effect a continuous survey of needs and facilities for the care of chronically ill patients in the Chicago area. It has undertaken field studies of the need for home care, the types of services required to maintain nursing homes of high standards, and a pioneer study of the care of cancer patients during the terminal phase of the disease. Such studies, although time consuming, provide convincing data, based upon actual local conditions upon which plans for action can be effectively presented so as to elicit community support. It may be anticipated that such

studies, suitably planned and extended, will in time yield information which may be applied broadly to other communities throughout the nation.

Central services for the chronically ill were established in Milwaukee and Philadelphia in 1947, and in Essex County, New Jersey, in 1948. The Community Chest of San Francisco has now obtained funds and employed staff to establish a similar service. The establishment and maintenance of registers and information services of available facilities for the chronically ill are not limited to the cities in which central services are functioning, however. Many smaller cities, including Atlantic City, Bridgeport, Sheboygan, and Waco, maintain some services of this type.

A development that has taken place at the local level almost exclusively has been experimentation with home-care programs. These are organized programs providing special services at home to medically indigent patients who would otherwise require hospital or other institutional care, or which provide auxiliary services for private physicians to such patients. Special services may include medical consultation, nursing care, homemaking service, physical or occupational therapy, advice of nutritionists, social services, and supplying appliances or sickroom equipment. Early in 1947 Montefiore Hospital in New York City inaugurated an experimental program in home care of chronically ill patients. Much has been written about this experiment. The program is limited to approximately fifty patients at any given time, and the patients are carefully selected with regard to favorable social and medical factors. The physicians assigned to the program, full-time or part-time salaried staff members of the hospital, serve the hospital as well as home-care patients. The complete services of the hospital, including consultation, laboratory, social service, occupational therapy, and rehabilitation, are available to home-care patients. Nursing is provided through contractual arrangement with the Visiting Nurse Service of New York City, and homemaker service is furnished when required on a part-time basis. Reports indicate that the cost of such care is approximately one fourth of the cost of maintaining similar patients in the hospital.

Based in part on the results of the pioneering efforts of Monte-

fiore Hospital, the New York City Department of Hospitals has instituted an expanding program of home care. Programs patterned on the Montefiore plan are being experimented with or planned by Michael Reese Hospital, Chicago; Gallinger Hospital, Washington, D.C.; and Maimonides Health Center, San Francisco. A somewhat different plan to provide the same services was carried on under the sponsorship of the Central Service for the Chronically Ill in Philadelphia. Chicago has three separate home-care programs, operated by the Jewish Family and Community Service, the Mandel Clinic, and the LaRabida Hospital for Rheumatic Fever respectively, and each one is different in organization and scope.

The feasibility of a home-care program that would embrace the characteristics of the Montefiore plan outside the major metropolitan centers has engaged the attention of a number of community planning groups. In most instances, so far, home-care programs have been limited to bedside nursing and, in some cases, to persons ill with a specific disease. However, in March, 1950, twenty-four communities replying to a questionnaire sent out by the Commission on Chronic Illness indicated that some type of home-care program for the chronically ill was in operation or planned for that community.

There is considerable activity in the construction of new institutional facilities or the conversion of existing facilities by local communities. In Peoria a foundation planning to build another institution for the aged was persuaded by a community study to build, instead, a 100-bed facility for convalescent and chronically ill patients, to be operated in connection with one of the general hospitals in the city. In San Francisco the Jewish Welfare Federation is just completing construction of the Maimonides Health Center which is to be operated in conjunction with Mount Zion Hospital. This will be a hospital for chronic disease, and plans have been made to institute home-care programs as soon as possible. In Springfield, Massachusetts, the city is constructing a large hospital for the chronically ill. In Columbus a 125-bed hospital for residents of the County Home has been given hospital status with a medical director in charge. A full medical staff has been built up, and the hospital has been approved for medical research in chronic cases.

This foregoing account of current activities throughout the nation in planning for chronic disease control is far from complete.

The first project of the Commission on Chronic Illness is to carry out a nationwide survey of present activities and planning in all phases of chronic disease, such as prevention, early diagnosis, treatment, rehabilitation, hospital care, nursing home care, and custodial care. The survey will include information from councils of social agencies, state and county medical societies, health departments, and hospitals.

The Commission is planning also a definitive survey in one or more representative communities, to study the prevalence of the various chronic diseases in terms of the type and care needed and the extent of disability suffered. The Commission will undertake a health education campaign to assist local communities in acquainting their people with the true nature and scope of the chronic disease program. It is important that people know that much of chronic illness can be prevented or treated, that the problem is not confined to old people, and that many disabled persons can be helped back to normal, happy lives.

A number of states and cities have recognized the problem and are conducting surveys, making plans, and, in some instances, building hospitals and setting up permanent organizations to deal with chronic illness. There is no one uniform pattern of action, and much research is needed to provide information on which to base comprehensive programs for communities, states, and the nation. Practically all national health and welfare organizations are interested and ready to help the Commission in studying the problem and in working out practical patterns for cooperative action by the many community organizations concerned.

Community Interpretation of a Mental Health Program

I. ORGANIZING FOR MENTAL HEALTH IN THE LOCAL COMMUNITY

By SAMUEL WHITMAN

EVERYONE IS FAMILIAR with Stephen Leacock's description of the man in love who flung himself on a horse and rode off in all directions. In striving for the goal of mental health sincere and intelligent groups of citizens are often catapulted in all directions. To one individual, the all-important and only goal is the improvement and expansion of mental hospitals and facilities for the mentally deficient. Another turns his back on those who have become mentally ill and plunges into a crusade for preventive child guidance clinics. Still another scorns these measures as merely corrective and turns his efforts to "real prevention" in the form of anticipatory guidance to mothers in well-baby clinics. "Too late," moans another, "these mothers should have been reached when they were in school." "More mental hygiene in the classroom," becomes the popular cry. "But," observes still another, "how can you offer mental hygiene in the classroom until teachers develop greater awareness of the problem?"

And what of religious, recreation, public health, and welfare agencies? What about doing something about social problems, such as housing, unemployment, chronic disease, etc. Many thoughtful citizens, lay and professional, reflect Dr. Temple Burling's observation that "sometimes our therapeutic efforts seem to me much as if an orthopedist were to develop a method of greatly thickening the skin of a heel of one of his patients instead of removing the nail from his shoe."

It is difficult to deny the validity of any of these points of view. However, the executive who is aware that progress cannot be achieved on all fronts at the same time is faced with the challenge of drawing cohesion out of diffusion, and facilitating agreement upon the scope of the program. Because it is close to individual citizens, the local mental health organization is in a unique position to work intensively toward establishing what Clarence King calls the "firm central cohesive core" which is basic to all community organization.

The importance of clarifying the scope of the program in quantitative, as well as qualitative, terms has been acknowledged by many but has been generally underestimated in actual practice. To many of our citizens, mental illness is vague and abstract until the problem springs to life by the citation of figures. It is easier to discuss the need for a psychiatric clinic or for expanding staff of a state hospital than to answer the questions which are being asked by an increasing number of intelligent citizens: "How big is this problem? How many persons are there in our town who are mentally ill and in what stages of illness are they?" National figures regarding estimated incidence and prevalence of mental illness are available, but these estimates seem remote and are not necessarily viewed as applicable to the local situation. In spite of all the scoffing about statistics the attention of the average citizen is arrested by numbers.

Now I am not suggesting that the measurement of the prevalence of mental illness is easily obtained. Our measuring devices are crude and are admitted by the experts to be inadequate. Research to sharpen the necessary tools is urgently needed; but until such sharpening takes place, there is much of value which can be done with available devices.

In this connection, we should note the pioneering work of Lemkau, Tietze, and Cooper in Baltimore, the Tennessee Survey, and recent studies made of Butler and Miami counties in Ohio, under the direction of Dr. Mangus. Results of the Miami County survey startled the citizens out of their apathy and shook the old belief that rural areas have fewer cases of emotional disturbance than their urban neighbors. There followed in that county the establishment of its first psychiatric clinic and an intensified educational program.

In Cleveland the desire for improved psychiatric facilities has been growing steadily, and the demand for additional facts has grown with it: How many need care? What kind of care? Hospitals or out-patient clinics? Who will pay the cost? In what direction should research and preventive activities go? The tentative plan for our survey involves three steps. First, an attempt will be made to approach all our psychiatric units, about twenty in number, where the pressure for treatment is felt most acutely. Figures will be obtained about the number and kind of patients now under treatment. Then, an attempt will be made to secure an estimate of the number who are on the waiting lists of these hospitals and clinics. Thirdly, an attempt will be made to secure estimates from health and welfare agencies and schools of the number who would be referred if resources were available. We do not expect that such a survey will provide all the facts, nor will it result in miracles. But we do believe that it will provide more of the facts which are needed to heighten the conviction and support of interested citizens.

These comments should not be construed to mean that no forward movement is possible without exhaustive surveys. Clinics have sprung into existence, hospital facilities have been improved, mental health education has been initiated in the wake of a community spasm caused by a well-publicized atrocity committed by a mental deviate. Communities do react to emotional conflagrations, but too frequently the result is spotty and piecemeal. Over the long run, if we are to do an effective job, we must devote more energy to securing sharper estimates of the nature and extent of the problem.

To do nothing until "all the facts are gathered" would be comparable to doing nothing about a client's financial crisis until a complete social and psychiatric diagnosis is obtained. What does a community do until all the facts are gathered? Before attempting to answer this question, I should like to refer again to the task of selecting objectives and areas of activity. Briefly, there are two pitfalls. One is the kind of thinking which results in a program pre-occupied solely with disease, hospitals, and clinics. The other is to accept as a goal any activity intended to make individuals happier. Referring to the broadening and thinning of the program of a certain mental health organization, a friend dryly observed,

"At the rate they are going, they will soon be developing a committee of the local bartenders because of the stories of frustration they absorb over the counter."

I believe it essential for an organized mental health group to spend the necessary time and effort to achieve free expression of opinion about objectives. Listing objectives may not produce action, but it serves the important purpose of achieving unity of purpose in the group. The problem then emerges of selection of specific areas of activity and listing them in order of importance. The question of feasibility or attainability of goals also enters the picture. Choices made will naturally reflect particular needs and pressures of the community and will vary from one area to another.

It may be appropriate at this point to describe the development of some specific activities in the Cleveland area. One of the earlier problems which had provoked considerable concern was the need to improve conditions at Cleveland State Hospital. In fact, our organization was born in the midst of a rather lively exposé of attendants' brutality, overcrowding, and neglect. The newspapers and *Life* had just punctuated what Albert Deutsch would term the "agitational phase" toward improvement. From the number of phone calls and letters received at our office, it was apparent that this situation presented a logical focal point for action. In the jargon of our trade, we began "at the point where the community was."

Conferences with the superintendent revealed that he was convinced of the interest of health and welfare groups but that there had been few visits from legislators, civic groups, and businessmen's organizations. He acknowledged that much interest had been stirred up, but that effective, persistent, and methodical coordination of this interest had not materialized. He offered to open the doors of any part of the hospital to any group seeking to learn at first hand the serious effects of personnel shortages. We then undertook to encourage groups to take advantage of his offer. During the past few years, hardly a week has passed in which some civic group has not visited the hospital. Legislators, church groups, women's organizations, and members of parent-teacher associations came, and they

gained a fuller appreciation of the problem through visual aids of a stirring quality.

Added impetus was given to citizen participation when Coca-Cola and the Scripps-Howard papers of Cleveland and Cincinnati sponsored a series of trips to most of the Ohio state hospitals. These trips were taken by a number of clubwomen representing prominent organizations and culminated in a joint meeting where they reported their observations. There is little doubt that this kind of activity is more effective than the perennial and mournful moan, "not enough of anything."

A significant result of such visits was the increasing number of volunteers who offered practical and much needed services similar to those demonstrated by the Gray Ladies of the American National Red Cross. In view of the traditional attitude of professional hospital personnel regarding volunteers, an attitude ranging from open rejection to polite tolerance to genuine acceptance, it may be appropriate to mention some of the volunteer activities to which the hospital staff has reacted with enthusiasm: planning of parties and dances for patients; hair styling and advice on cosmetics; sponsorship of sale of patient-made articles in community stores; distribution of books and games; distribution of holiday gifts; music. We have found these volunteers to be not only effective interpreters of hospital needs, but a highly motivated core of citizen action.

As we became increasingly aware of the potentials of such service, our organization, in cooperation with the Volunteer Bureau of the Cleveland Welfare Federation, proposed to the superintendent the establishment of a new position, "Coordinator of Volunteer Services." This position, established and filled a few weeks ago, promises to bring hospital and community closer together. Another step of equal importance toward this goal was the superintendent's decision to meet our request to appoint an advisory committee of prominent citizens whose job it will be to take a continuous interest in the hospital, its problems and needs, to make suggestions for change, and to make appropriate legislative recommendations. On this committee are lawyers, businessmen, a physician, housewives, a city councilman, and the city welfare director. As they become more

familiar with the aims of the hospital and the bottlenecks of the treatment program, the members of the committee will be enabled to present effective testimony before the finance committees of the state legislature.

A second objective resulted from a number of complaints from social agencies, psychiatrists, lawyers, and relatives of patients. They criticized the commitment procedure, which necessitated the appearance of patient and family in open court, as being needlessly traumatic. Scattered complaints were crystallized by the formation of a committee of attorneys and psychiatrists to study existing procedures and make proposals for improvement. Although the committee began its work with conflicting viewpoints, agreement was reached after months of deliberation. The recommendation was made to change the law, making possible the admission of mental patients upon the certification of two physicians without resorting to any judicial procedure. Cooperation with a similar committee in Dayton strengthened the support for the proposed change. The Ohio Mental Hygiene Association assisted in stimulating and coordinating state-wide effort to secure its passage. Witnesses to testify for the bill were not lacking. Committee members who had devoted much time and energy to this problem locally did not need to be coaxed to appear in Columbus to defend their ideas. This calls to mind Dr. George Stevenson's observation that "legislation does not begin in the halls of the state capitol."

A third goal is the expansion and strengthening of clinics and establishment of psychiatric wards in general hospitals to meet some of the immediate and known pressures. Meetings and informal conferences with our general hospital officials have encouraged them to move forward in these areas. One of our former board members, the director of a general hospital, has established a mental hygiene clinic and is planning to open a ward for patients needing hospital care.

A fourth project which we have considered of major importance is that of strengthening the mental health program of our school system. A committee was organized under the leadership of a prominent attorney to consider methods of accomplishing this objective. The committee decided that its target would be the development of

an in-service training program to help teachers develop a deeper awareness of the emotional needs of all children and greater skill in handling day-to-day problems. School authorities were approached and agreed that a psychiatric consultant would be employed. The committee further assisted the school authorities in locating a uniquely qualified psychiatrist to undertake this challenging job.

The fruition of this objective illustrates a significant point. It is noteworthy that a community which formerly concentrated so much attention upon the state mental hospital has gradually come to invest some of its energy in a preventive program. This may be a sign that there is a growing awareness of the increasing responsibility that the locality can assume for developing its own resources.

If our limited experience is any indication of a trend, it might be said that communities tend to be stirred initially by the plight of those who are severely ill. Thinking citizens then begin to ask why it has been necessary for some patients to spend as many as fifty years in a mental hospital. With the discovery that much can be done to improve the efficiency of mental hospitals, the next preoccupation is with the question of prevention of disease through early diagnosis and treatment. Nevertheless, emphasis still tends to be on those who are ill and need treatment. There gradually emerges a fuller appreciation of the need to prevent people from becoming ill and helping them stay well. At this point we begin to hope for educational projects grounded in public understanding of the relation between prevention and treatment. Unfortunately, this concept is appreciated by altogether too few. Apparently, the public pulse does not quicken in response to the need for preventive education. The public is naturally more prone to be stirred by an announcement that the mentally ill are still housed in jail. In the words of Dr. Allen Gregg, "What is immediate and pressing tends to crowd out the ultimately valuable." Every community is therefore faced by the difficult challenge of making concrete these vital educational goals: (1) exploding popular fallacies about mental illness, both the fallacy of incurability and the fallacy of quick cures; (2) fostering the application of mental hygiene principle to everyday living.

In an effort to achieve these goals in our area, we have maintained a lively working interchange with local newspapers and have featured motion pictures, plays, radio, popular literature, public meetings, and group discussions. We have found it worth while to recognize the importance of proper "packaging" and public relations aspects in promoting this educational program. At the same time, we have found it essential to preserve a balance between packaging and sound content. It is not my purpose to elaborate on the problems of maintaining this balance, but to point out the rather startling underestimation of the public relations aspect in a field in which public support is practically a condition for success.¹

In pursuing the educational aims to which I have referred, there are two serious mistakes which a mental health group can make. One is to assume that it can do the job by itself, independent of other social agencies and institutions in the community. The other is to assume that the responsibility for mental health education is the exclusive job of the psychiatrist, the psychologist, or the social worker.

A mental hygiene society cannot operate in a vacuum. The local society must be in the main stream of community life; whether supported entirely by memberships or by the chest, it should become part of the fabric of health, welfare, and education in the community. The Cleveland Mental Hygiene Association is a member of the Health Council of the Cleveland Welfare Federation. It has been participating in the work of various committees and councils of the Federation, such as the Case Work Council and those concerned with health education, alcoholism, adult education, legislation, and occupational planning for the handicapped. We also meet with committees set up by church, school, and other community groups. Such participation affords a natural opportunity for interpretation and often gives rise to increasing requests from parent groups, teachers, nurses, clergymen, and recreation leaders; they have come more and more to appreciate the vitality of mental hygiene concepts and want help in improving their own

¹ A noteworthy contribution to the problem of mental health public relations has been made by Lynn Stratton in a pamphlet entitled *Interpreting Mental Health*, National Committee for Mental Hygiene, 19 (New York: 1950).

skills which would enable them to assist others more effectively.

At the same time, with the stimulus provided by interesting plays, radio programs, and 16 mm. movies, the demand for educational programs has grown tremendously. This poses an engineering problem. Whereas initially it was possible and appropriate to spend a substantial percentage of our limited staff time in direct educational work, we now find ourselves spending more time in mobilizing community talent to meet the increasing demand and in consultation with groups in helping them arrange sound programs. In this connection it is encouraging to see the growing number of psychiatrists and clinical psychologists who are volunteering time.

It may be pertinent also to mention how warmly family service agencies and mental hygiene clinics have responded to our request for social group workers to lead discussions in parent education discussions. After eighteen months of experimentation, these group leaders have been called together from time to time for the purpose of sharing experience, discussing problems emerging in group education, and refining educational content and methods. They have considered the nature and dosage of content in a "one-night stand" as distinguished from a series, the recognition and handling of anxiety-ridden questions, the use and misuse of films, etc. We have felt in all this an encouraging attitude on the part of our local agencies who see this type of education as a possible addition to their casework function. This attitude in a sense both creates and reflects the sentiments of the Family Service Association of America working together with the National Committee for Mental Hygiene.

In addition to our work with parents, we have responded to the increasing number of requests from public health nursing groups for practical help in dealing with emotional problems they meet while attending to their more tangible duties in the home. Many have been inspired by public health leaders to be more conscious of their opportunities for giving emotional first aid. Although formal lectures by prominent mental hygienists have proven stimulating there is increasing emphasis upon informal meetings in small groups. I had the opportunity to observe how the interest of a local nursing group was stimulated by a public lecture. In

response to the request of the staff, the supervisor made it possible for them to attend a series of four popular mental hygiene lectures. Hundreds were in the audience. After the series the supervisor shared the reaction of her group with me: "The lectures were enjoyable, but they don't tell us what to do about Mrs. Jones." After sounding out her staff it was decided to arrange a series of six informal sessions led by an experienced caseworker. Only the staff, numbering about twenty-three, was to attend. Members of the group participated in selection of course content, thereby insuring attention to problems arising out of the nurses' actual experience. When the sessions came to a close the staff still did not have "the" solution to Mrs. Jones's problem, but they were better able to see what could and could not be done for the patient. Emphasis was upon developing a set of working principles rather than upon a list of magical "do's and don'ts." For the majority, these meetings resulted in a lessening of anxiety about insoluble problems and a greater sense of security on the job. Needless to say, results of this kind are difficult to achieve unless the discussion leader has, in addition to technical information, some awareness of the nurse's orientation as well as a real identification with her problems.

The value of discussion in small groups under able leadership applies also to the classroom teacher. The employment of a psychiatric consultant by the Cleveland school system has been mentioned. Although some contact with school authorities over a long period of time was necessary to accomplish this, our organization was at the same time helping groups of teachers to arrange mental health programs. This provided the necessary impulse from within the school and resulted in a substantial core of teachers who are ready to use the services of the psychiatric consultant. The strategic role of the school in helping to develop a generation of children who will not need to fight to settle problems has become a cliché. To make this important goal a reality, we will have to take it out of the realm of dynamic phraseology and offer the teacher the consultative services with which to do a better job. Consistent with this view, we have a responsibility to be vocal with regard to effecting administrative changes in salary scales, as well as size of classes.

The foregoing illustrations of objectives and activities point

inevitably to one of the most significant needs of a mental hygiene program—the importance of developing lay and professional leaders in community organization for mental health. The problem of creating increased opportunities for lay leadership as well as “followership” is ever with us. We are, at present, groping our way with an idea which may not be at all unique. A few years ago, our board voted into existence the formation of the Council for Mental Hygiene, now composed of delegates of thirty-seven service clubs and church and civic organizations. This action was taken following a veritable community spasm caused by the sordid murder of an eight-year-old girl by a psychopathic delinquent. Attention was drawn to the number of mental deviates in town who go about untreated and unsupervised.

Projection of blame on others was the order of the day. Addressing ourselves to the widespread concern, an effort was made to help groups recognize that “we” acting together, and not a mythical “they,” will achieve results. At first only a few groups responded to our request to send delegates to the Council, but this number has increased substantially. Delegates meet monthly, and activity is lively and impressive. It was this group which provided almost all the Cleveland participants in the Scripps-Howard and Coca-Cola project referred to previously. Now beginning its third year, the Council has demonstrated a possible pattern for community education and for the development of a larger number of informed lay leaders. What seems to be of particular significance is the value which this group has had in helping the mental health program become a part of the community's natural groups.

On the professional side we have opened our agency as a student field work training center for community organization in cooperation with the School of Applied Social Sciences of Western Reserve University. This has been undertaken as an experiment and will be evaluated in the near future.

It is generally agreed that in the final analysis the quality of international, national, and state programs for mental health, or for world peace for that matter, rests upon what John Doe in the local community thinks, feels, and does. If John Doe is narrow, complacent, and rigid, he is unwilling and unable to think beyond his

immediate needs and frequently does not recognize that his immediate well-being is synonymous with the well-being of state and national programs. If John Doe is just an average citizen, he can be led to see the relationship between poor mental hospitals and the need for him to support a progressive state mental health program. When the leader exerts an extra bit of energy, the average citizen can be helped to understand why he should support the national program for the solution of problems which the local and state units of government have been unable to solve by themselves, such as increasing the supply of trained personnel, expanding research and clinical and educational services. Probably the most difficult level for the citizen to envisage is the international level. There is little doubt that the local community is in need of help to help "tangibilize" what for too many citizens is an abstraction.

We do not see one level of operation as more or less important than the other. We view them all as having unique functions, each dovetailing with the other. I suppose there will always be fear, even in mental health organizations, that the international group will dominate the national, which in turn will dominate the state, which in turn will dominate the local. The history of the mental hygiene movement in the United States should prove reassuring to those who might entertain such fears.

Interlevel cooperation is a two-way process. It goes beyond the national group's representing the states before the Congress and the state's representing the localities in state legislatures. For instance, the locality may report to the state mental hygiene society the need for 1,000 more state hospital beds. The state group will make an effort to incorporate this need in the total state program. However, this places upon the locality obvious obligations, provision of financial support and citizen support for legislative measures. The state group has the obligation of pulse-taking and educating legislative representatives, keeping the localities informed about bottlenecks in legislation and how they can contribute to the neutralization or elimination of such bottlenecks. The state group may be expected to guide the local community in its efforts to solve its problems and to help coordinate such efforts with other localities

where similar problems exist. It is axiomatic that the greater the voice which localities have in the determination of state and national policies, the fewer the chances that state and national leaders will be frustrated in their hopes for an enthusiastic response to a proposed measure. To go into greater detail regarding the problems and opportunities of cooperation among the various levels would be beyond the scope of this paper. It goes without saying, however, that we have hardly tapped the potentials for cooperation toward a forward-looking mental health program.

In this discussion of various activities and problems involving a local community's effort to improve its mental health resources, I have only touched upon the role of leadership and method. It may be appropriate at this point to mention just a few of the principles by which we have been guided:

1. Leadership has been consciously indirect rather than direct. The role of the professional leader is that of helping community leaders to assume responsibility. He is a facilitating person rather than one who assumes total responsibility.

2. Communities need help in defining the extent and scope of the program. Horizons and vision may be limitless, but tangible progress can be obtained only by breaking down the problem into discernible and well-defined areas of activity. These activities, however, are not held too rigidly but are subject to modification in accordance with the rise and fall of community interest and concern.

3. It is relatively simple to initiate activity, particularly if the program has a broad sweep; caution is indicated lest more activities are initiated than can be adequately supervised. Once under motion, appropriate doses of encouragement and direction must be given to committees to help them achieve continuity and to think of next steps.

4. To play an effective role, mental health must become a part of the health and welfare and educational services in the community.

5. Our objectives can be carried out only through people and not through paper directives. It is therefore essential to know our

citizen volunteers well enough to suggest responsibilities and jobs which are appropriate to their talents, and to time pressures. The result is usually a greater percentage of completed assignments.

6. Since progress depends so much upon the work of committees composed of human beings, it goes without saying that the leader should have a reasonable awareness of individual, group, and community dynamics.

It is only as the citizen learns to participate maturely in the program at home that he may be expected to meet his ever widening responsibilities to the mental health program of the larger world community. And we need not look too far afield for our world citizen. Let us start looking among ourselves.

II. RELATING THE STATE PROGRAM TO THE LOCAL COMMUNITY

By IVA AUKES

RECENTLY the editor of a Midwest newspaper encouraged readers to submit the headlines they would most like to see in the next day's paper. Modest prizes were offered, and hundreds of headlines were received. Among others, "scores of imaginary headlines told of cures found for cancer and polio, or of magic drugs, making hearts and souls as well as bodies healthy."¹ The columnist Cedric Adams, commenting on this fascinating game, said that headline writing without Aladdin's genie around would not do much good, but, he added, "it might help some of us decide just what we really do want."²

Perhaps we have already decided just what we want in mental health. Our general wish is embodied in the World Health Organization's definition of mental hygiene as "a complete realization of physical, social, and mental well-being." This is not a fabulous wish, but one that can come true only as individuals and groups can gain mutual understanding of mental health needs and learn to work together effectively in direct relation to these needs.

If headlines were written by mental hygienists, picturing the best news that could happen regarding planning and action for mental health in their various states, no doubt they would reflect wonderful progress in a variety of well-established and traditional approaches to the treatment of emotional and mental disease. They might tell of remarkable improvements in treatment techniques, new and extensive research programs looking to still better treatment methods or to great armies of highly skilled workers in both research and treatment. But, more important, these headlines would picture achievements perhaps somewhat less spectacular, such as widespread citizen movements and community-oriented programs of prevention.

¹ Advertisement in *New Yorker*, March 25, 1950, p. 48.

² *Ibid.*

Dr. Paul Lemkau, Assistant Professor of Public Health at The Johns Hopkins University, referred to prevention at a meeting of health officers in these words: "The great issue of mental health programs at the present time is the definition of things to be done prophylactically."³ He pointed out that there were scientific methods of treatment which would work and could be shown to be effective; that direction of research, in treatment, was reasonably clear; but in the case of prophylactic methods the situation is less clear. The methods have a shorter history. Referring to the many unexplored areas, he said, "To place the signposts for future progress in these areas will require many carefully planned . . . experiments."⁴

It is in some of these less carefully defined areas that mental hygiene societies, in cooperation with other community agencies and with the help of many professions, now find some of their most important work. They hope to help chart the way for new preventive programs oriented to the community and to aid in furthering those programs which have been tested and found to be successful.

In line with the thinking of Dr. George S. Stevenson, Medical Director of the National Committee for Mental Hygiene, the objectives of all mental health efforts are humane and scientific care of the mentally ill, prevention of mental illness, and positive mental health. His words "positive mental health" have to do with the enhancement of the capacities of well people to live productive and satisfying lives.

A mental hygiene society is a voluntary agency with no vested interest (social, political, or economic) which stimulates the interest and utilizes the skills of both professional and nonprofessional citizens in promoting mental health. Its objectives are essentially educational in nature, with the aim of making scientific facts about mental health and ill health more and more widely known, understood, and applied. In this process the coordinating function looms high. A mental hygiene society must attempt to develop and pro-

³ Paul V. Lemkau, "Mental Health," *Forty-Eighth Annual Conference of the Association of State and Territorial Health Officers* (Washington, D.C., October 19, 1949), released by Federal Security Agency, United States Public Health Service.

⁴ *Ibid.*

mote programs of cooperation between all groups in the community, official and unofficial, lay and professional, "concerned with problems of human maladjustments." It must enlist the interest of individuals and groups, representing all segments of the population, and provide opportunities for mutual effort with a direct relationship to needs and developments in the field.

It is generally agreed that a mental hygiene society is responsible for demonstration and "for seeing that the job of promoting mental health is done in its community, whether by a health or welfare agency, the local medical society, the school board, or any other qualified agency."⁵

Mental hygiene is rather early in its career, and there are too few well-defined patterns and too little prescribed content which can guarantee effective coordinated programs at any community level. Certain general methods might be said to characterize a state program. The state mental hygiene organization must anticipate and point out, on the basis of investigation, mental health needs in the state. It must assess these needs in terms of priority and in terms of currently available resources of leadership required to meet the need. It must construct, with the help of professional leaders and enlightened citizens, a feasible plan of action and promote the adoption of the plan by other official or nonofficial groups in the community, supported by wide public understanding—without which no program can be of lasting value.

We shall examine briefly some of the ways, specific and practical, in which a state program can help safeguard and increase mental health in the local community. Examples of programs are based on the experience of the Illinois Society for Mental Hygiene.

Let us look first at the treatment area. Specifically, what can the state society do in working for more adequate and available psychiatric services which affect the local community? First, on the basis of knowledge of existing conditions, it can point out gaps in local services which can be met only by state provisions. Secondly, it can construct plans for the improvement of these provisions. The work

⁵ *Mental Hygiene Society Round Robin* (New York: National Committee for Mental Hygiene, October, 1948), p. 6.

of the Children's Commission of the Illinois Society for Mental Hygiene is an illustration of a program directed toward securing much needed treatment facilities within the state.

The project ⁶ arose out of a long-standing concern about the care of emotionally disturbed children. Instances of the ultimate tragedies resulting from the behavior of some of these children, constantly high-lighted in the public press, stimulated a great deal of public discussion on the problem of the socially maladjusted child. Many individuals and agencies had offered certain solutions, but none had met with general acceptance and nothing had been accomplished in the way of providing effective services.

It was recognized that the problem of the maladjusted child, who works out his personality problems in an aggressive attack on society and thus is classified as a delinquent or who withdraws and becomes mentally ill, is an age-old one, and it is only in relatively recent times that the beginnings of an understanding have been achieved by specialists in the field. Since these understandings are so new, it is not strange that the public has lacked true appreciation of the problem and has not had the necessary guideposts for evaluating proposals in the field.

The Society called together leaders in the field of child welfare and child psychiatry, representatives of public and private agencies, therapeutic and administrative, from state and local levels. From this group, the Children's Commission was appointed. It was our hope that these specialists might pool their knowledge and review the total problem of the emotional needs of children, including the services needed for their protection and treatment. In this spirit, the Commission thought in terms of broad community needs affecting the development of children, such as parental education and the mental hygiene equipment of schools. However, here again the question of priority of activities was raised, and the Commission decided to focus first on the problem of the severely disturbed child for whom treatment services were practically nonexistent.

After many months of work by the Commission and its subcom-

⁶ *Planning for the Emotionally Disturbed Child; A Report of the Children's Commission* (Chicago: Illinois Society for Mental Hygiene, 1949). Following material refers to this Report.

mittees, minimum recommendations were made on outstanding needs, offering the beginning of a program which could be enlarged and developed on the basis of experience. One of these recommendations dealt with the need for a children's treatment center, a small pilot unit offering residential psychiatric services for children who could not be treated on an outpatient basis. Opportunity for research was thought to be an important consideration, since the planned living in such an institution might offer certain clues to the problems of the maladjusted child. Facilities for training of needed personnel were also stressed. It was thought that the pilot unit should be in the Chicago area, where technical staff and services were more readily available, and that a branch or branches should be developed downstate on the basis of need and experience.

An institution such as the one recommended is costly. Public support rests on an understanding of the fact that such treatment services for severely disturbed children, offering some hope of recovery or amelioration, help to prevent further losses in broken lives and in long-term custodial care.

The priority need for such an institution was accepted by the governor and the public welfare officials. Definite plans for such a unit are now progressing through state administrative channels. The site has been chosen, and plans for the physical plant are now under discussion.

With such administrative acceptance on the part of the welfare department, an all-out effort to mobilize public opinion for action in behalf of this program has not appeared necessary. However, many ready channels for interpretation and support on the state and local levels have been cultivated. Through lectures, personal conferences, and distribution of interpretive material, we have informed many existing organizations in the community of this plan to help protect the mental health of children in Illinois. We have reached local citizens through state-wide organizations such as parent-teacher groups, women's clubs, the Junior League, and other organizations which funnel mental hygiene material to their local groups. These organizations are all interested in this program for increased services to children. Some are active; others might be-

come so if they see how to make their action and support effective. If unified citizen action is needed, many of these groups will line up under the leadership of the Illinois Society for Mental Hygiene in promoting the program.

Through interpretation of the program to various groups, the mental hygiene society gives the local citizen the opportunity of knowing more about specific mental hygiene needs in the community and how his endorsement counts in meeting them. Such orientation of citizens and enlistment of interest is ultimately more effective in securing lasting support of such a program than is the use of more temporary pressure groups to affect legislation.

One of the problems in connection with a program of this kind is to provide ways in which the nonprofessional citizen can participate more fully in the creation as well as in the promotion of the plan. Technical leadership is of the utmost importance, but in a program which is the concern of all the people, the professions guide—not dictate. In order to insure mutual understanding of the problem which is so necessary for constructive action, it is important to bring citizens into the planning as early as possible.

Now we come to the other areas in which plans must be made: prevention of mental illness and promotion of positive mental health. Here the state society uses state-wide resources to strengthen local assets for mental health. Important assets are found in community services with a high mental hygiene potential, such as schools, churches, and recreational, health, and welfare agencies. In addition to parents, the professional persons with whom the individual comes in contact—the teacher, the doctor, the nurse, the clergyman, the law enforcement officer, the leader in industry—all influence, to a greater or a lesser degree, the opportunity of that individual to realize a satisfactory social and personal adjustment or a reasonable measure of mental health. The mental hygiene society can help to raise the level of orientation and competence of these professional persons for the ultimate benefit of the community.

Around the need for orientation of professional persons who are close to the community, the Illinois Society for Mental Hygiene developed a program for educators in nursing schools throughout

Illinois. The project grew out of the joint thinking and planning of the Society's Committee on Education. This committee represented different levels of responsibility, both state and local. It included leaders in education, pediatrics, psychiatry, nursing, and the field of child development. Its chairman was the superintendent of a state hospital, well oriented to the mental health needs of the community. The task was to determine policy in respect to educational focus. The constant need for education of the general public was not overlooked, but it was thought that the orientation of nurses and teachers should have some priority in the most effective and rewarding use of limited resources for preventive goals. In raising the sights of these professions, a large number of people in the state would be indirectly influenced.

The adequacy of current pre-service mental hygiene curriculum for these professions had to be considered; also, the personnel requirements for coordination and leadership as well as for direct educational activity in such a project. To assess priority needs, it was also necessary to determine the accessibility of these groups. Judging the opportunities for reaching certain segments of the population becomes a very important factor in any mental health program and presumes certain knowledge of the community along educational and organizational lines. Immediately, certain program difficulties were contemplated. Several notes of caution were sounded on pre-service programs, such as limitations of educational resources within the command of the Society, and attitudes of training centers toward a program of orientation on a broad community level. Would professional schools be receptive to an approach from without rather than from within? In terms of readiness of the group, avenues of approach, leadership possibilities and teaching resources, the nursing profession was chosen for an immediate program of pre-service orientation.

The goals of education were to be still further delimited. Many problems in nursing schools were recognized, gaps in curriculum on dynamics of behavior, crowded curriculums, and inadequacy of instructors overburdened with responsibilities of supervision as well as of teaching. However, all these factors seemed to be related to a more basic one, the fact that the emotional climate of the

nursing school is too frequently inimical to wholesome relationships and opportunities for growth. Here the widely experienced nurses on the committee, familiar with the frustrations of both students and instructors, were to guide us. It should be noted that all programs of mental hygiene societies are predicated on the strategic use of persons in the community with the proper understanding and opportunity for leadership and influence.

As a product of the thinking of the committee, we planned an institute on personality development for instructors in nursing schools to be sponsored jointly by the Illinois Department of Registration and Education and the Society, with funds made available by the Illinois Mental Health Authority. The institute was conceived particularly for nursing school directors who shape policies, and not merely for instructors teaching specialized courses in psychology or mental hygiene. The chief purpose of the institute was to inform the faculties of nursing schools about the psychological nature of interpersonal relations. Its objective was the encouragement of a milieu in the school which would be psychologically hygienic for students and instructors. The psychiatrist on the committee helped to insure soundness of material to be presented and to assess qualifications of the faculty for the institute.

Geographical location of the nursing schools had to be kept in mind in bringing this program to the local community. The first institute was limited to Chicago and northern Illinois, where leadership in psychiatry and nursing was more easily available. This plan, however, was not opportunistic. From the outset, it was planned to hold another institute in a central city within easier reach of schools in the southern section of the state which are so far removed from the more usual professional opportunities in a large urban center.

The second institute, planned with the cooperation of the local mental hygiene society and local personnel, smaller in attendance, reflected a more personalized educational experience. Requests from the nurses for repeated and more intensive opportunities of this nature were almost universal. Other benefits included interest of the Illinois League of Nursing Education in developing further programs and the desire of the state authority for improving stand-

ards in nursing education by incorporating more adequate mental hygiene content in school courses.

So far, we have observed instances in which a state society galvanizes the effort of enlightened individuals and groups toward achieving specific goals, such as increased remedial services for the people or orientation of personnel for the benefit of the community.

There are more constant ways in which the state society uses its total resources, educational and consultative, to strengthen local mental health effort. For example, it offers staff consultation and educational material, not only to professional people, but also to civic groups that include mental health in their community service programs. The help offered must be tailored to the capacity and interest span of the group. We are conducting a study class for mental hygiene chairmen, including the state chairman, of women's clubs in the Greater Chicago area. This is an effort to train local people as discussion leaders and as interpreters in the cause of mental health.

The state society also offers special assistance to local communities in the study and evaluation of the adequacy of their local health, welfare, and educational services in respect to meeting mental hygiene needs.

Finally, I shall refer briefly to the role of the state society to the all-important local mental hygiene society. This unit is closest to the people, and can best interest the citizen, look into particular needs and services, and take active responsibility in planning. Here the best headline the state organization could write would announce strong local chapters in every county or region in the state.

The state society has an opportunity to keep before the local chapter the broad issues in mental health, not limited to any particular geographical area, and to help them keep their sights fixed on the broader scope. Furthermore, the goals of neither state nor local effort in mobilizing citizen action can be truly accomplished without a strong national and transnational organizational medium of interpretation.

Dr. André Repond, President of the World Federation for Mental Health, in commenting on the advancement in the field said:

We must not, as a result of this progress, let ourselves have any delusions as to the length and difficulty of the road that lies ahead of us. Mental Health is only at the beginning of its career, and its pioneers and first workers, many of whom are still active, know by experience that each forward step has only been gained by bitter struggle, unremitting effort, persuasion, and hard work.[†]

[†] Inaugural address by the President, *Annual Report*, 1948-49, World Federation for Mental Health, p. 26.

Recent Trends in Mental Hospital Care

By ALBERT DEUTSCH

RARELY IN OUR HISTORY has a particular type of public institution been exposed to so intensive, widespread, and sustained public interest as has been manifested in recent years toward our mental hospital system. Nearly every state in the Union has been blanketed by newspaper and magazine articles on mental hospital conditions. A novel about a mental hospital became one of the most widely discussed best sellers of the past decade, and later was turned into an unusually successful film. Crusades for improving conditions have been conducted by many individuals and groups on local, state-wide, and national levels. Long the Cinderella among institutions, the mental hospital has emerged into the bright spotlight, although it still lacks a fairy godmother to transform its tatters into glamorous garments.

When we refer to mental hospitals in this country, we are talking mainly of public institutions, for less than 4 percent of all hospitalized mental patients are housed in private institutions. The 1947 United States Census of mental institutions—the latest for which figures are available—listed a total of 773,092 patients on the books of all institutions for the mentally sick, the mentally defective, and epileptics at the end of the year. Of these, 674,982 were in hospital residence, and the rest in family and other extramural care. Of the total resident population, 543,726 were in mental hospitals, 125,123 in institutions for the mentally defective and the epileptic, and 6,133 in the psychiatric services of general hospitals.

More than 85 percent of resident mental patients are in state hospitals, 9 percent in veterans and other Federal hospitals, about 2 percent in local hospitals, and less than 4 percent in private institutions. We may estimate, on the basis of a 2 percent annual in-

crease in hospitalized patients, that there are today more than 700,000 resident patients in mental institutions—about one out of every 200 Americans. At the present rate, every twentieth American is destined to spend some part of his life as a mental hospital patient. About 1,500,000 children now attending our public schools will have a mental breakdown severe enough to require hospitalization.

In tracing recent mental hospital trends, we find lines of development criss-crossing, with upward, downward, and static curves. We find significant progress in some areas, revolutionary possibilities in others, and signs of retrogression in still others. We find room for hope, but none for complacency with the status quo. For the mental hospital system, in spite of the progressive trends recorded here and there, remains what I have called the "shame of the states."

Our public mental hospitals today—accounting for nearly 97 percent of the patient load—have been badly battered by the deteriorating effects of a decade of budget starvation during the great depression, followed immediately by the equally disastrous impact of the war-emergency period. The depression and war years, in turn, followed decades of chronic neglect during the so-called "normal" periods.

Overcrowding is still one of the chronic institutional evils. There is hardly a state mental hospital in the country that is not crowded beyond rated capacity. The United States Census report in 1947 noted that every year sees an increase in the number of patients in public mental hospitals and that at no time has the available bed space kept up adequately with the increasing population. An over-all average of 16.7 percent overcrowding in public hospitals was reported in 1947, slightly higher than it had been the previous year.

The boom in mental hospital building promised for the post-war period has not yet materialized. When the war ended, building costs were so high that most states decided to slow down or postpone their planned programs until the inflationary period would ease. Now, with a nationwide economy wave manifesting itself, state after state is whittling down the programs drawn up when their treasuries showed impressive surpluses. Should another economic

depression strike soon, it would spell indescribable disaster for the mental hospitals—most of them already crowded beyond capacity, many of them dangerous firetraps, poorly built, ill equipped, and in serious stages of disrepair and deterioration.

The Illinois Department of Public Welfare reported in March, 1950, that its eleven state hospitals were crowded more than 50 percent beyond operating capacity, with "every inch of usable space having been pressed into service." When I visited the Chicago State Hospital recently, it was crowded nearly 100 percent, with more than 5,000 patients in space intended for 2,700. In hospital after hospital in many parts of the county, dayrooms, corridors, porches, and even kitchens have been converted into sleeping quarters. Thousands of mental patients will be sleeping tonight on mattresses laid out on the bare floors. Apart from the inhumanity, indecency, and discomfort involved in such conditions, they tend to nullify any therapeutic efforts and seriously cut down the chances of eventual recovery.

In many hospitals, mental patients with tuberculosis, active syphilis, and other contagious or infectious diseases mingle freely in the same wards with other patients. It has been a gruesome fact that tuberculosis has raged in almost epidemic form in many hospitals due to indiscriminate herding and lack of special therapy. More hospitals are building special tuberculosis wards and pavilions; more are using mass X-ray and other techniques for case-finding. But the process is still too slow. Recent revelations of mass deaths in mental hospitals due to institutional epidemics of influenza and other infectious ailments attest tragically to the persistence of inadequate safeguards against disease invaders.

In some state hospitals there is still no hydrotherapy, no occupational therapy, no organized recreational activity. Some hospitals have no active treatment at all. In spite of many areas of advance the truth is that most public mental hospitals are still dominated by a custodial rather than a therapeutic climate, with patients maintained on little more than an animal level.

The blight of political interference still hangs over many public mental hospital systems, with the institutions being regarded as convenient job-placing centers for ward heelers and political hacks.

In too many states every change in political party power presages a "change of the guard" in mental hospital personnel.

It is the personnel situation which today is both the hope and despair of the mental hospital network. We are just beginning to come to grips with the amazing fact that up to this very day the hospital care and treatment of the mentally sick has reposed mainly in the hands of untrained people. In every professional category we are desperately short of adequacy.

Incredible as it seems, several public mental hospitals in recent years have passed through prolonged periods without a single physician on the staff, save for the superintendent, who was so bogged down in administrative detail that he had little or no time to see—not to mention treat—patients in the wards. A number of mental hospitals are without a single graduate nurse on the wards. Many are completely lacking in social workers and professionals in other ancillary fields.

The Federal Census figures covering 248 public hospitals, 186 of them state-operated, showed that in 1947 these institutions had on their staffs a total of 2,004 physicians (not all of whom were psychiatrists), 161 psychologists and psychometrists, 192 dentists, 3,165 graduate nurses, and 659 social workers and field workers. The appalling inadequacy reflected in these figures is revealed by the fact that, to comply with American Psychiatric Association standards, our mental hospitals would have to employ 9,000 psychiatrists, 3,000 neurologists, 3,000 clinical psychologists, 40,000 psychiatric nurses, and 3,000 psychiatric social workers, not to mention 92,000 trained attendants—more than double the number of attendants, trained and untrained, now on the wards.

The current personnel picture is a dark one, in terms of the tremendous effort needed to recruit and train adequate staffs. The hope lies in the upsurge of interest and activity on several significant fronts to meet the challenge of the present shortage. It will take years to recruit and train enough men and women to bring personnel levels up to adequate standards.

One chronic mental hospital problem has been greatly aggravated in recent years. It represents perhaps the most scandalous aspect of institutional commitment. It is the problem of the "mis-

placed persons," the noninsane aged who are being railroaded in large numbers to public mental hospitals because there is no other place to send them.

It was inevitable that the increasing proportion of the aged in our population would be reflected in institutional statistics. Revolutionary progress in health and medical conditions, together with a general rise in living standards, has raised the average life expectancy of Americans from forty-nine years in 1900 to over sixty-seven years today. In 1900 there were only 3,000,000 Americans sixty-five years or over, representing about 4 percent of the total population. Today there are 11,000,000 of us over sixty-five, representing more than 7 percent. As more of us grow into old age, we become subject to ills that accompany the aging process, including the arteriosclerotic psychoses and mental as well as physical enfeeblement. It is the latter, the mentally enfeebled—those who with age become crotchety, forgetful, rambling in speech, with lessened alertness—who are the chief victims of our modern version of madhouse railroading. The major motives for this modern railroading follow neither of the classic patterns of the tradition of railroading that purportedly resulted from tarnished passion or illicit lust for another's wealth. It is now a tale of old people, people no longer wanted by their children, or discarded by other relatives, people thrown on the scrap heap of society, herded into crowded mental hospitals, not so much because they require treatment as because they are "in the way."

The economic trend that has transformed our society from a dominantly agricultural to an overwhelmingly industrial one has carried in its wake a weakened respect and toleration for older people. There has been a decided contraction of living space with the steady movement from the roomy areas of bucolic life, where generations of a single family may live together, to the small apartments of crowded cities, where the one big family breaks up into separate units with each marriage. In the old days, people took it for granted that mental enfeeblement often accompanies old age, as does physical enfeeblement. Nobody would have thought of sending an aged relative to an asylum just because he or she was confused or forgetful or garrulous. But in our small, crowded apart-

ments, elderly folks get in the way of their children and grandchildren. They need special attentions that eat into a busy life. They arouse familial anxieties when they go out on the streets alone.

Good private homes for the aged are often too expensive for the average purse even when a bed is available. Bad ones are likewise expensive. It would hurt the family pride and dignity to send the unwanted old one to a public home—still known as the poor-house in many areas—even if the eligibility barriers could be hurdled. The state mental hospital becomes an attractive solution to the family problem in many cases.

Fred K. Hoehler, State Public Welfare Director for Illinois, recently told me this story: An elderly lady visited his office to thank him for the care she had received at the Manteno State Hospital. Hoehler, interested in the case, learned that the old lady had been living with her son and daughter-in-law in a city apartment before she was committed to the state institution about two years earlier. The apartment was crowded, and the daughter-in-law was pregnant. There would be no room for the mother, who had exhibited signs of mild confusion and forgetfulness. So they sent her to Manteno. The child was born, the husband got an increase in pay, and the family moved to a larger apartment. Baby-sitting problems developed, and the son and daughter-in-law solved the matter happily by arranging for the mother's discharge, to serve as a baby-sitter par excellence, always on call.

Many state hospital superintendents have complained to me of the increasing practice of railroading aged people to their already overcrowded institutions. One observed: "If this trend continues, I'll be running an old people's home, not a mental hospital."

Dr. Benjamin Malzberg, the psychiatric statistician, revealed in a recent survey that 38 percent of the patients in New York State's public mental hospitals are sixty years old or over. Institutional statistics throughout the nation indicate that one third of the total mental patient population is past sixty. Many of these oldsters are suffering from true psychoses, but many others are burdened merely with the mild and harmless eccentricities often seen in elderly people. The commitment of large numbers of the latter to

mental hospitals is economically wasteful, ethically wrong, medically unnecessary, and personally degrading. The current mental hospital crisis would be eased considerably if more suitable institutions could be developed for these elderly folks, or, better still, readjustment of urban culture to make proper places for the aged in the normal community.

Several recent developments have had a profound impact on mental hospitals, directly and indirectly. The future of mental hospitals probably will be greatly influenced by a few of these. Let us review the high lights of recent years:

1. A considerable public interest has been aroused in mental health, created largely by psychiatric experiences of the war years and sustained thus far through the postwar period by popular discussions in the press, radio, movies, and other media of mass communication. This unusual public interest differs significantly from that manifested during the years following the first World War in that the latter ignored institutional aspects almost entirely while the current phase is focused largely on the hospital problem. Thus, for the time being at least, one of the major obstacles to institutional progress, namely, public apathy, has been removed. The public educational campaign was aided by the inauguration in 1949 of a national annual Mental Health Week, thanks to the initiative of the Junior Chamber of Commerce.

2. Mental hospital authorities in many areas have taken the leadership in breaking down the walls of isolation that traditionally separate the institution from the community. More and more superintendents and mental hygiene commissioners have adopted open door policies with respect to public inquiry and visitation of institutions. They have, in large degree, shed the suspicion and fear of press reporters and other agents of public inquiry, with the result that the veil of mystery that hung like a shroud over the mental hospital system has been torn asunder in so many places that it is never likely to be patched up again. The official action of the American Psychiatric Association in 1947, urging institutional heads among its members to give the facts about their hospitals frankly to the public, with the assurance of A.P.A. backing, marked a significant milestone in hospital-community relations. From now

on, basic information will be added to good will in the continuous fight for decent institutional conditions.

3. Concomitant with this breakdown of institutional isolationism has come a significantly expanded use of volunteer workers and groups drawn mainly from established community organizations, notably the Gray Ladies of the American National Red Cross. The National Council of Jewish Women has undertaken several sound projects in this field. Increasingly, public mental hospitals are integrating volunteer groups into the total institutional program. This has a multiple effect: it helps relieve the personnel shortage; it gives patients the feeling that they have not been forsaken; it maintains contact with the community; it builds understanding and support.

4. The growth of the National Mental Health Foundation has provided strong impetus to the movement for better hospitals. The organization was founded in 1946 in Philadelphia through the efforts of a vigorous band of young conscientious objectors who had served as psychiatric aides in mental hospitals during the war years. It has played a leading role in educating the public about institutional conditions and needs. Its annual award to the Psychiatric Aide of the Year has done much to stimulate the evolution of the once-despised attendant from a mere watcher to a dynamic participant in the therapeutic process. It is to be hoped that the impending merger of this organization with the older National Committee for Mental Hygiene will blend youthful vigor and idealism with stability and experienced planning.

5. In the same connection, the vastly increased recognition of the ward attendant, more recently classified as "psychiatric aide," has produced other significant developments. In 1949 the Menninger Foundation in Topeka, Kansas, opened a school for psychiatric aides, financed largely through an initial grant from the Rockefeller Foundation, with a therapeutically oriented training course that may develop a standard program for recruiting and training an adequate corps of ward personnel.

6. The establishment, in 1948, of an inspection and rating system for mental hospitals under the auspices of the American Psychiatric Association is another significant advance. It is deplorable

that the American Medical Association, which has been inspecting and rating hospitals for many years, should have by-passed those which house about half the total patient population in the country. We can be sure that a great stimulus will be given to mental hospital improvement when individual states and communities can obtain authoritative data on the comparative quality of their mental hospitals, whether they are approved or disapproved by the A.P.A., and exactly where their defects and qualities may be assayed. The inspection and rating project has been started on an extremely modest scale, and it will take several years before it can bear manifest fruit. But, if well done, it will be worth waiting for.

7. The American Psychiatric Association has inaugurated still another project which inevitably will help improve our mental hospital standards. In 1949 it held in Philadelphia its first Mental Hospital Institute, sparked by Dr. Daniel Blain, the A.P.A.'s full-time medical director. More than 150 mental hospital executives and staff members attended the five-day institute, representing thirty-six states, six Canadian provinces, and Puerto Rico. I observed a rare degree of frank discussion, an earnest desire for mutual helpfulness, and a gratifying display of patient-orientation. Thanks to a grant from the Commonwealth Fund, the A.P.A. was able to install a special Mental Hospital Service division which can serve as a clearinghouse for, and stimulant to, institutional development. The launching in 1949 of an annual Mental Hospital Achievement Award by the A.P.A. for the institution making the most impressive gains during the year added further impetus to the movement.

8. One can report only modest progress on the scientific aspects of mental hospital administration. High hopes were initially aroused when the shock therapies were introduced into this country about fifteen years ago. A dramatic speed-up in discharge rates was recorded in several hospitals at first, but this phenomenon was later largely offset by the relapse rates of patients subjected to insulin, metrazol, and electric shock. The latter has no doubt been an effective adjunct in easing administrative problems, proving especially useful, when intelligently applied, in aborting episodes of depression and in cutting down the suicide rate. The permanence of its effects in state hospital procedure, where the accompaniment

of psychotherapy is well-nigh impossible, is a moot subject among psychiatrists. No qualified commentator would deny that it has been grossly mishandled and abused in some hospitals.

Another hope has appeared on the horizon in the possibility that psychosurgery, in the form of lobotomy and its modifications, may enable hospitals to reduce crowding on the chronic or continued treatment wards by sending home, as administrative recoveries, many patients who would otherwise clog the wards for the remainder of their lives. It is yet too early to pronounce final judgment on this drastic operative procedure; it is only possible at this time to stress repeatedly the inherent dangers in its overenthusiastic application.

It is interesting to note that, while the greatest interest has been manifested in the development of psychotherapeutic techniques for nonhospitalized mental patients, whatever modest advances have occurred in public mental hospitals during the past two decades come under the heading of physical approaches. The typical hospital is yet too understaffed and financially malnourished to permit psychotherapeutic procedures on a mass scale. Experiments with group psychotherapy, however, have opened up new leads to the practical applications of psychological approaches. Here, too, one may point out as a promising development the increasing recognition of the "therapeutic team," or harmonic multiprofessional participation in hospital treatment.

9. Paradoxically enough, perhaps the greatest single boon to mental hospitals in recent history was the passage, in 1946, of a Congressional act which specifically barred state hospital operations from direct benefits. The National Mental Health Act authorized Federal grants in aid to states, localities, and private nonprofit agencies for psychiatric research, training of psychiatric personnel, and the organization of mental health clinics in communities. It also authorized appropriations to the United States Public Health Service for the establishment and operation of a new Mental Health Institute in Bethesda, where psychiatric research and training could be conducted and where a clearinghouse for psychiatric information could be maintained. The mental hospital system will receive the potential benefits of research advances conducted or financed

through the Institute, and, of equal importance, a proportion of the end products of the training programs offering fellowships for psychiatrists, psychologists, psychiatric social workers, and psychiatric nurses.

No other program promises to do as much to replenish the present short supply of psychiatric personnel as that sponsored under the National Mental Health Act. The Institute itself, under the direction of Dr. Robert H. Felix, has made an impressive start. But its usefulness depends on how much support Congress gives it from year to year. The Institute's budget request for \$26,000,000 for the next fiscal year was pared down to about \$10,000,000 by the Federal Bureau of the Budget before it even got to Congress for consideration. There is a determined effort afoot to have Congress grant the original budget request. Individually, and through our organizations, we can contact our congressmen, urging restoration of the original budget request. It is a crucial moment, and much can be gained by action now.

Clinical research in psychiatry, especially from an institutional viewpoint, has been grossly stunted, in comparison with other fields of medicine. Two factors have been mainly responsible for the astonishing lag in psychiatric science. The great pressures on available personnel for even minimal care and treatment have in most instances turned research possibilities into a tantalizing pipe dream. The legislative and other authorities financing mental hospitals usually have been completely deaf to pleas for research funds. Many legislators and public officials still put psychiatric research in the category of boondoggling. The provisions of the National Mental Health Act offer a powerful battering-ram with which the walls against research can be breached.

In this context, one must mention, too, the Hill-Burton Hospital Survey and Construction Act which, for several years, has made Federal grants in aid available to states. Hill-Burton funds, according to a recent A.P.A. report, are being utilized in over forty-five instances for mental hospital construction.

10. No account of recent progress in institutional psychiatry can be complete without reference to the revolutionary transformation of the Veterans Administration psychiatric facilities from the back-

waters of American psychiatry to advance outposts in the struggle upward. This revolution was accomplished mainly during the regime of Veterans Administrator Omar Bradley (1945-47), when Dr. Paul R. Hawley was VA medical director and Dr. Daniel Blain, chief of the psychiatric division. Hawley and Blain were able, through an infectious enthusiasm plus sound medical programming, to attract top-notch psychiatrists into the VA system, either as staff members or as consultants. They introduced fellowships, internships, and residencies into the system. They promoted everywhere the concept of the mental hospital as a "therapeutic community," which dissipated the atmosphere and demoralization that overhung the institutions. They swept out routinism, created a patient-oriented environment, and encouraged research. None who remembers the old regime can ever forget the inspiring symbol of Winter Veterans Hospital in Topeka, which was organized by Dr. Karl Menninger under the sponsorship of Bradley, Hawley, and Blain and became a beacon among mental hospitals.

The work of these leaders is being carried on by Dr. Harvey Tompkins, present chief of psychiatry in the VA medical department. But it is being carried on under increasing handicaps. We all know about the recent plan to reduce the staffs of VA medical services by about 20 percent, and how disastrously this cut would have hit the VA psychiatric program. We know how that cut was postponed through the mobilization of public pressures, for which the American Psychiatric Association and the National Committee for Mental Hygiene deserve much credit. Dr. Tompkins, with exemplary courage and sound planning, has been able to hold the fort against the assaults of the false-economy advocates. But many first-rate people have left the VA ranks, and many who remain are on the point of demoralization.

It will require great alertness and active public support to maintain the VA psychiatric program on the high levels achieved during the last few years. If that alertness flags, if that public support is not forthcoming, one may predict the degradation of veterans' medicine, including psychiatry, to the scandalously substandard levels that precipitated exposure and reform in 1945.

There are now more than fifty thousand patients in the neuro-

psychiatric facilities of the VA—nearly half the total veterans' hospital population. These constitute a fairly large proportion of all hospitalized psychiatric patients. Their fate, one way or the other, will exert a profound effect on the rest of the institutional field.

11. Aside from these more or less general trends, one could point to many encouraging developments on a state-wide or local level. I wish I could describe, for instance, the wonderful transformation I witnessed a few months ago at the Topeka State Hospital in Kansas, where one of the most backward public institutions, with practically every defect bedeviling this field, was rapidly being changed from a repressive, custodial asylum to a modern, therapeutic center under a new, progressive superintendent assisted by the near-by Menninger Foundation.

The State of Ohio, retrogressive in many other respects, is experimenting with a network of state receiving hospitals (usually known as psychopathic hospitals), where acute cases of mental disease can not only be observed but intensively treated in their community.

In the state of New York, where the present Administration has boasted of far more progress than has actually been achieved, one significant step was taken in 1949 when the legislature appropriated \$500,000 to finance an experiment in state aid for psychiatric treatment wards in voluntary general hospitals. Two hospitals, one in New York City, the other in an upstate community, were chosen for the initial experiment. If successful, the expansion of a system of state-aided psychiatric wards may exert a check on the increasing flow to state mental hospitals.

In California, under State Mental Hygiene Commissioner Frank Tallman, a far-reaching program for the training and employment of social workers serving the mental hospital system has been inaugurated. Nathan Sloate, chief social worker of the department, deserves credit for planning and initiating this program. An intensive home-finding and placement campaign for improved mental patients, conducted by the department's social service staff, succeeded in doubling the discharge rates of the mental hospital system in one year. In several states, increased efforts are being made to reduce the pressure on mental hospitals by placing out suitable

patients in family care, as Hester Crutcher and others have long urged. But activity in this area still lags far behind potentiality.

The Michigan Mental Hygiene Society is doing a remarkable job in popularizing and pushing through a carefully planned ten-year program for the modernization of the state's mental hospital system. Several other state mental health organizations have also displayed signs of revitalization.

The state of Minnesota is presently witnessing a unique crusade for the humanization of state hospital maintenance, personally conducted by its governor, Luther W. Youngdahl. Before Governor Youngdahl launched his humanizing campaign, Minnesota was near the bottom of the list among the forty-eight states in mental hospital standards. In 1949, with the help of a "people's lobby" largely created by himself, Governor Youngdahl persuaded the legislature to double its previous biennial appropriation for the state mental health system.

Many defects, serious ones, remain in the Minnesota mental hospitals. I visited four of the state hospitals in the fall of 1949, two in company with the Governor. The physical disrepair of many wards was appalling. Personnel shortages were most acute. Adequate equipment was everywhere lacking. It will take many years to correct some of the deficiencies that have eaten into the system through the decades. But Governor Youngdahl and his aides have already accomplished a veritable revolution in attitudes and, to a lesser extent, in practices with respect to patients.

The virtual elimination of mechanical restraints from Minnesota's mental hospital wards is a most impressive symbol of this humanizing revolution. Little more than a year ago nearly 1,000 of the 13,000 patients in the seven state hospitals were in camisoles, cuffs, muffs, chains, and other types of physical restraint. In one institution every fifth patient was in restraint. In another, every patient on the women's disturbed wards was incased in a restraining apparatus. Today, less than thirty patients in the entire system are in restraint. A strange and soul-stirring ceremony was performed last Halloween at the Anoka State Hospital, where Governor Youngdahl lit a bonfire in which every piece of mechanical restraint at Anoka was burned.

I once shared the common belief that mechanical restraints on the wards were ugly but necessary, and I reluctantly subscribed to the principle of restraint which is still held by many of my friends in the mental hospital field. I respect their views but I no longer share them.

We who advocate the nonrestraint principle are well aware of the fact that every general principle must allow for exceptions. No sober advocate would deny, for example, that restraining apparatus is needed for the protection of the patient in certain cases of surgery. We are also aware of the danger of substituting excessive sedation and/or seclusion, both of which can be more subtle but more destructive types of restraint. But we know it is possible to operate a nonrestraint policy without resort either to the excessive use of drugs or to isolation. In Minnesota, for instance, the use of sedatives was drastically reduced after the nonrestraint policy was introduced. In Illinois, where nonrestraint had been the state policy for years, seclusion is prohibited by law.

We who advocate nonrestraint have seen too many abuses where restraint is accepted in principle, even when its use is "strictly regulated" by law or by directive. We have seen doctors, nurses, and attendants in many hospitals truss up and shackle patients in torturesome apparatus just to punish them for misbehavior or for "talking back" or for refusing to obey a command that might be unjust. We have seen fear beget fear where the constant presence of restraining apparatus instills fear of attendants in patients, and fear of patients in attendants. We have seen how violence begets violence where the needless use of a strait jacket develops feelings of active hostility and retaliation in the patients. We have seen how strait jackets and other means of restraint do not calm but rather aggravate the existing excitement. We have seen how they humiliate patients, stimulating already existing feelings of guilt and persecution. We have seen how restraints lower the morale of both patients and ward workers by the penal and repressive atmosphere they create. We have seen how they convert hospital wards into battlegrounds where patients are in constant conflict with the staff.

We see the continued use of mechanical restraints, not as the "necessary evils" justified by the "experience of generations," but

rather as archaic monstrosities fastened on succeeding generations by the uncritical acceptance of a persisting dogma.

We have seen "disturbed wards" in nonrestraint hospitals where there is less tension, less violence, less danger, more hope and more healing spirit than on similar wards where restraints are liberally applied. We have seen cases where strait jackets, far from protecting patients from exhaustion due to excessive physical movement, have actually incited them to fiercer activity in efforts to free themselves from bondage, sometimes with fatal results. We have seen restraints misapplied by fumbling, terror-stricken, or sadistic ward personnel in such a way as to cause excruciating pain to the victims, sometimes leaving permanent scars and deformities as mementos of a tormenting experience.

Seventy years ago, at the 1880 National Conference of Social Work in Cleveland, the first national mental health society in this country was organized under the name of National Association for the Protection of the Insane and the Prevention of Insanity. It was spearheaded by humanistic social workers and psychiatrists appalled by the widespread abuses and evils in what were then called "lunatic asylums." They struck out especially against the barbarous use of mechanical restraints, and promoted the nonrestraint principle already in effect in many English hospitals. The Association was short-lived, dying after five years of hectic activity. It made many errors and aroused too many avoidable antagonisms. But its purposes were pure, its goals good.

Social workers today can take up the torch of their predecessors in the nonrestraint movement, fortified by sounder knowledge, a greater degree of public awareness, and improved methods. It is no longer necessary to form new organizations for this purpose; we can all work through existing groups.

We know that commitment to a mental hospital automatically deprives patients of certain civil rights, and circumscribes particularly their freedom of personal movement. We have heard it argued that the use of mechanical restraints is merely a legitimate extension of these personal curbs. Nonetheless, the vast accumulation of data demonstrating the successful application of the nonrestraint principle makes it increasingly clear that mechanical restraints, save in

exceptional instances, are not "protective tools" but rather instruments of barbarism. Their continued use, in the light of current knowledge, is incompatible with the stated goals of a civilized democracy.

So long as a single sick person is needlessly incased in a restraining apparatus in an institution dedicated to therapeutic ideals, so long is there occasion to prod the public conscience. When thousands are thus humiliated and tormented, no person who recognizes his duty as a citizen can be complacent or silent.

I commend to you this crusade for freedom from needless fetters, the most significant freedom of all in our mental hospital system.

Basic Objectives of Nursery School and Day Care Services

By MARY ELIZABETH KEISTER

I PROPOSE TO FORMULATE the basic objectives which we might set for nursery school and day care services in terms of objectives we would wish to attain so far as the child is concerned, objectives we would hold for the families of our children, and objectives we would set for the school or the nursery center in relation to the community.

One assumption which I am going to make—and I am well aware that there will be individuals in the field both of social work and of education who would quarrel with me on this point—is that the basic objectives of nursery schools and day care centers are not different. Our means of attaining the objectives may differ and the superficial needs of various groups of children, of families, and of communities may be dissimilar, but I fail to see how we could ever establish the argument that basic needs differ from child to child, from family to family, or from one community to another. It is for this reason that I wish we could get away from the connotations that surround the terms “day care center” and “nursery school” and could find a term which would combine the protective aspects of the one with the educational approach of the other. I like very much the title given by Winifred Allen and Doris Campbell to their book, *The Creative Nursery Center*. This phrase conveys precisely the idea I have in mind.

As a student of Dr. George Stoddard, years ago, I heard him say, “No one can claim that every child needs nursery school, but no one can deny that every child needs nursery education.” It is a naïve and traditional concept of education that would confine it to the walls of a schoolroom, to the years between six and sixteen or twenty, or to the hours between nine and three for a

certain number of months of the year. Education is not identical with "schooling" but is a lifelong process that starts with birth and continues until death. Education by its very nature goes on under all conditions and does not necessarily require a home, a school, a church, a settlement house.

What I am saying is this: Let us not fall into the habit of thinking that nursery schools do one thing, have one sort of program and set of objectives for children and their families, and that day care centers have a very different outlook. Both institutions have common purposes in so far as they deal with human beings, possessed of all the frailties that flesh is heir to, striving, adjusting, failing, succeeding. How can we say that the basic objectives of any institutions that serve people are very different?

The chief objective, as I see it, which we set for the young pupil in relation to his school or group or his nursery center is the fullest possible realization of his capacities for development and growth. In my own thinking I try not to lose sight of two aspects of individual growth: (1) the exploration, stimulation, and enhancement of the child's own capacities; and (2) the gradual adaptation of the child to group living and to societal demands. It may seem too obvious and quite unnecessary to go into detail regarding what group experience may be expected to offer young children, but all too often in the past these children have been overlooked in favor of other groups or individuals. Too often centers have been established to serve other interests primarily and children only secondarily. The peculiar needs of research centers, teacher-training institutions, working mothers, and so on, have sometimes dominated our programs for children, and the children themselves have been shoved into the background. It seems to me that children's centers need a period of development in which those responsible for the center look first at the needs of the children and allow their planning of facilities, personnel, and program to proceed from that vantage point.

Some of the things we have learned about children over the past two decades through observing them and teaching them, through clinical experience, and through research have caused us to change our goals and our objectives and the content of our programs in

nursery centers. For one thing, we have pretty well finished with our stiff-backed notions of habit training and are ready to give up the idea that children must acquire habits as early as possible, at the age when they can still be molded readily. We see that the lessons of independence and self-reliance need not be imposed at the earliest possible date and so we have relegated to the attic our outworn ideas that the child must cry it out alone, must have his hurts minimized unsympathetically, must learn to put away toys, hang up his coat, and dress himself at an early age. Actually, now, we believe that psychological strength is based on the experience of warm, affectionate, protective contacts with adults. For the first five or six or seven years of his life a child needs not so much to be thought of as a plastic creature to be molded to fit the demands of his family or his culture, but to be understood as a person of conflicting feelings and of strong and often imperfectly controlled impulses. We believe that a child needs the comfort of feeling that he will not be expected to control his own impulses alone and unaided, that adults will exercise control over him, but while controlling him will not hurt him or dislike him for his inconsistent and often distressing behavior. We now believe that a child needs adults who will give him ways of releasing his strong feelings but at the same time will protect him and others from the consequences of those feelings.

We are beginning to realize, further, that even if we can convince a child in the first years of his life that he is loved and valued and understood we owe him much more than that. A child does not live and grow by love alone. As he grows he needs to free himself gradually from the infantile gratification of dependency and protection. He needs to like the idea of growing and of being grown-up. He needs opportunities to explore, to discover, to solve problems, to create. He needs the kind of experiences that will heighten his sensitivity, enhance his curiosity, lessen his confusions, promote the growth of skills, and increase the range of his interests.

Good nursery education helps to ease for the child under five or six some of the strains associated with living and adjusting in our modern civilization. For twenty-five years and more, day nurseries and nursery schools have been giving thought to the question

of what constitutes a good life for a little boy or a little girl, and many of our centers in this country are offering convincing demonstrations of how that good life may be supplied in actuality. We were not long in seeing that the young child must have all that good physical care can mean for wholesome growth: adequate food; sufficient quantity of rest and sleep; the stimulation of active play which is growth-inducing; a safe place to run and climb and dig and yell; watchfulness against accidents and physical hurts; protection against communicable diseases; daily examinations of nose, throat, and skin; and periodic weighing and measuring so that defects in physical functioning do not go long unnoticed.

The good nursery center attempts to supply its pupils with all that mental hygiene has taught us children need: a feeling of belonging; success and praise; friendliness; a chance to participate in the life of a group; control and discipline; affection and approval; steadiness and consistency; respect from adults so that children can develop respect for themselves and for others. When we reflect upon the number of children in all classes of our society who are trained or reared by fear, terror, punishment, neglect, and other sadistic methods, with little or no experience of deep affection and love, we may well imagine that perhaps mothering is the most important service the nursery center can offer to little children. By "mothering" we do not mean babying or pampering but rather the opportunity for the child to experience the feeling of being liked and wanted, of belonging to someone who cares very much what he learns and what is happening to him, and of being guided in the conduct of his affairs with benevolent support.

Only with the opportunity to form deep attachments to adults can the child, I believe, take real advantage of what the nursery group can offer to satisfy his educational needs. Nursery centers believe also that young children must have a rich environment in which to grow and learn and all the while lead a suitable child's life. Hence, children who attend "the creative nursery center" should share in all that good teaching can mean—a variety of toys and playmates and games; the challenge of equipment and companionship under the guidance of an informed adult who knows how to make experiences meaningful, challenging, and pleasurable; the

stimulation of books and pets and music and painting and excursions and science at the children's level; help in gradually broadening their ideas and concepts as well as expanding their concrete experiences. Of course, chief among the young child's educational needs is his need for help and support in learning to build constructive relationships with other children. How to help children build friendly, cooperative attitudes is one of the critical issues of nursery education. We have great need for methods of handling situations in such a way that the initial hostility or aggression of the child may be rendered unnecessary by opportunities for friendly, helpful responses. Many children have had no experience of cooperative behavior and need the skillful guidance of an adult to encourage them in friendly conduct and sympathetic actions. As teachers, we do not know enough yet about how to meet wisely the problem of resentment and hostility and aggression in children. A policy of restraint or coercion or "sweetness and light" (which is essentially repressive) may prevent fighting and disorder, but it probably does not relieve the child of the inner tensions and frustrations of which his behavior is but a symptom. Wholesome growth in social learnings is probably not achieved by a repressive policy, nor does permitting children to "fight it out" serve any constructive ends. What is needed is an imaginative, insightful handling of quarrels and aggressions by an adult who sees them in the light of the guilt, anxiety, and frustrations which underlie such behavior. But what is important is that such handling must spell reassurance, support, tolerance, and sympathetic understanding. Lawrence Frank has pointed out that the process of identification in which the child strives to emulate an admired and loved adult makes the teacher-child relationship one of enormous potentialities for either good or ill. Lack of sympathetic understanding, a withholding of tenderness and patience, may turn children toward hostility and aggression. And such deprivations in early childhood may be the cause of distortions in character from which children can be reclaimed later, if at all, only by long and difficult therapy.

I turn next to a consideration of the objectives of the nursery center as it relates to the families it serves. (It is a revealing commentary on the way we have of segmenting our lives and our thinking that

I should have separated at all our objectives for children from those we set up in relation to the families we serve.) It is not sufficient, it seems to me, that group experience should merely benefit children. Another of the functions of the nursery center may be seen as the facilitating and enhancing of family life. Neither nursery schools nor day care centers have viewed their function as that of replacing or supplanting the family. Indeed if we had, the great weight of evidence accumulated in recent years would have forced us to change such an attitude. For we believe now, more firmly than ever before, that there is no substitute for family life. And the experience of living in a family is seen as so crucial to ordered personality development that we are almost forced to the attitude that the stature of any institution (and of the child-caring institution in particular) may be measured in terms of whether or not it does stabilize, facilitate, and enhance family living. Even a family judged "undesirable" by most of our standards can and does provide the child with a place, with status, with "belongingness," and a family we label "good" offers the child in addition much needed love, affection, and acceptance. The nursery center must organize its procedures and train its personnel to meet these same needs of children and also to provide for the other educational needs which the family has more difficulty in supplying.

In numerous and quite obvious ways nursery centers may be seen as making their contribution to family life today. Frequently an improved relationship between the parent and child results from the child's attendance at a nursery group during part of the day. Mothers and children, we know, remain better friends when they are not constantly together. The nursery center helps to conserve the family in those instances where it makes it possible for the mother to work in order to keep her children or her family together, or in order to raise the living standard of her family. Family life is enhanced in many cases where the nursery center facilitates the work of a woman for whom employment outside the home is a release for some of the psychic stresses built up in family living, an outlet for some of the frustrations attendant on living with children. Thus the nursery center indirectly at times enables women to function better in their roles as mothers.

A nursery center can assume that not only do children have educational needs but that parents also have such needs. The parent who enrolls his child in a nursery frequently anticipates that he will have some opportunities for learning to be a better parent. The many current theories on the bringing up of children are extremely bewildering, and parents seem increasingly willing to seek help in educating their children in the early years and tend to rely in greater measure than heretofore upon the guidance of experts in the rearing of their children. The parent frequently wishes help in evaluating theory in terms of how it can really be applied to his own children. Many centers for children of preschool age assign a primary role to a "parent education program," making available to parents such resources as discussion groups and lectures, a library with suggested reading lists, opportunities for observing how skilled teachers deal with children, personal conferences which attempt to help in preventing or in working through a few of the many small problems that arise in the upbringing of any child in our culture.

Day nurseries, the "war nurseries," nurseries in public schools, have had fewer opportunities and less encouragement from the parents themselves than have the college and university nursery schools to develop extensive parent education programs. I suspect, however, that in the long run the day care centers have accomplished as much with parents as have the private schools. A too aggressive parent education program has its dangers, and the nursery school teacher has justly been accused of rushing in where a psychiatrist would fear to tread. Overzealous efforts at "educating the parent" can stir up parental conflicts and create mistrust and hostility toward the institution initiating such efforts. The most effective approach to the parent, it seems to me, is indirect and noncoercive. The good nursery center functions quite effectively in parent education when it exposes parents to a way of thinking about children, a way of living with them and of dealing with them. A fine example, a convincing demonstration, we have long known, are among the best methods we have for teaching.

The most effective aid we can count on in interpreting our program and in seeing the extension of wider educational opportuni-

ties to our youngest citizens will come from young parents themselves. Thus, a worthy objective for the nursery center involves helping parents to understand its viewpoint and philosophy. And this we should attempt to accomplish, not in pedagogical terms, but in concrete terms of what it means to children and to families to be associated with a vital and creative nursery center.

And now, lastly, I shall attempt to formulate briefly the objectives of a nursery center in relation to the community which it serves. There is hardly a community in this nation that has not recognized the importance of a preventive medicine program for all its children, and many communities have in action broad health programs for children. What nursery centers are in a strong position to argue now is that not only do all children need immunizations and balanced diets out of which to grow strong bodies, but also every young child needs certain experiences out of which to build a strong and creative personality.

We know already many of the things we want for our youngest children in the future. The nursery center, then, might spearhead the campaign which urges that a program which is good for some children could in time be made available to all children. The best centers would look on themselves, not simply as the finest schools for all the group-ready children and their parents in a given community, but rather as institutions which demonstrate what good services are for children and families everywhere.

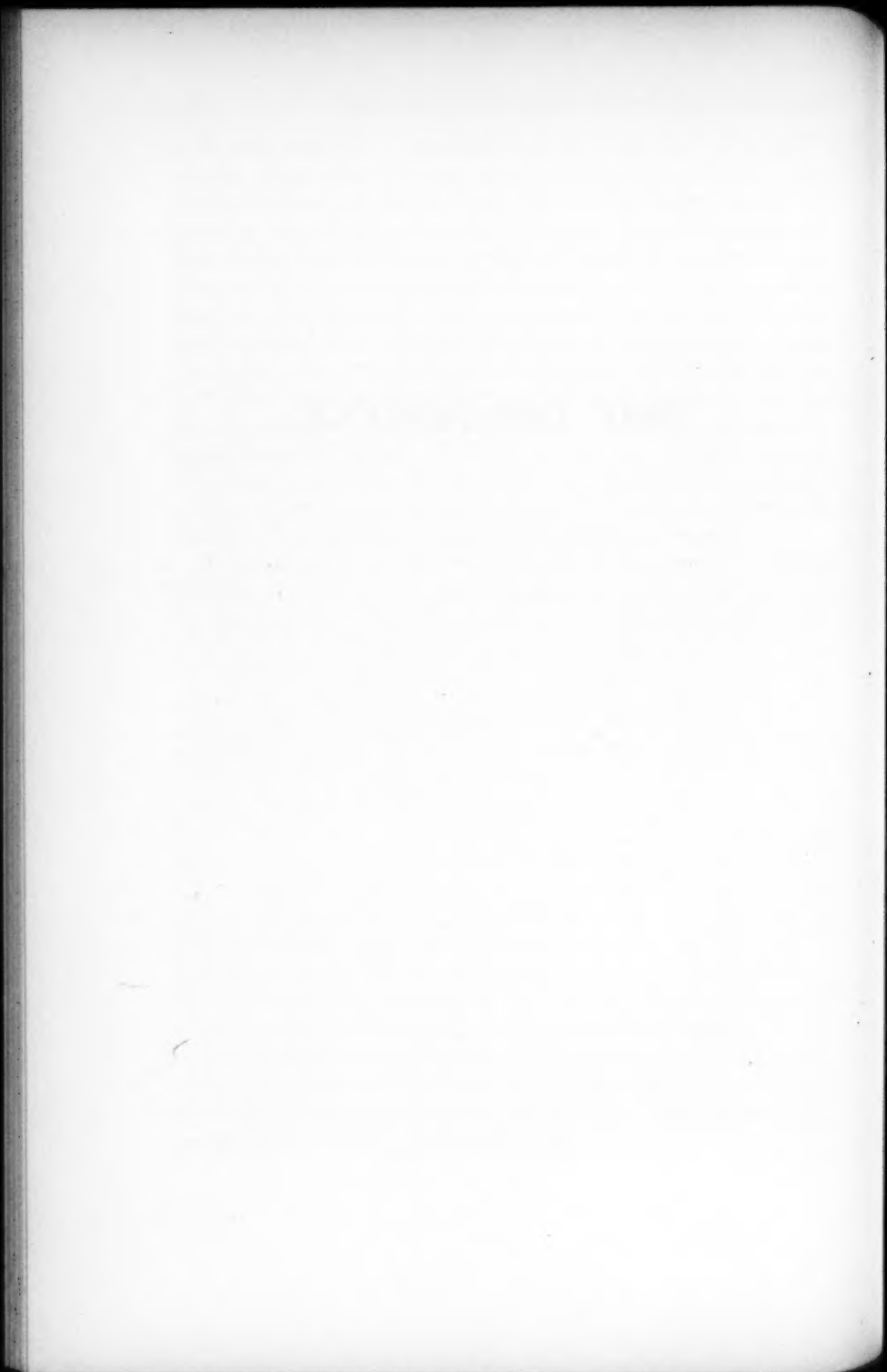
What we must avoid, of course, is giving the impression that the nursery center furnishes the one best answer to the needs of children and is our white hope for the future. This is an admonition addressed more to school people than to welfare people, for I believe that the social work field has a broader concept of the needs of all the children of a community than have educators who tend to think too exclusively in terms of the needs of middle-class children. At any rate, we should continue to regard the family as of crucial importance and see the need for nursery centers in the perspective of family life. And we should seek always to evaluate them according to the degree to which they can be expected to strengthen family life.

To suggest feasible next steps in coordinating the nursery center

with other community organizations and services and in interpreting the philosophy and program of the nursery to citizens is an obvious need. It is at this point that I feel baffled by the demand for practical concreteness. Dr. Ernest Osborne, in a challenging address to the National Council on Family Relations, pointed out the promise that lay-professional collaboration holds for reaching large numbers of citizens and for overcoming some of the barriers that exist in regard to lay appreciation of educational and social needs. He urges active cooperative efforts between laymen and professionals in all matters involving the welfare of the family. It is wholesome for members of any profession to have to justify their attitudes and practices to laymen. Through the necessity to interpret and defend our programs to the lay public, we avoid sterility and the all-too-human tendency of any profession to look upon its policies and its thinking as sacred and not to be questioned by "outsiders."

It is always easier to see and to say what we ought to be doing for children than it is to point out just how such programs may become a reality. They will cost money, and economy-minded communities will be all too ready to turn a deaf ear to demands. I believe we would not want the kind of community interest and support which is based on superficial enthusiasm or on slogans with an appeal to one group or another. What we must stress constantly and attempt to show in our centers are the enduring values to the child and to the community that arise out of preschool group experience. In the last analysis, the best interpretation of any need lies in the worth of the program designed to meet that need. And staunch support will come to us out of the conviction of those working within this program that the hope of our world lies in whatever we will be able to do in the next decade or two for our youngest citizens. This is a dream for the future, but it is not too early to draw the blueprint. The nursery center can attempt to demonstrate through its program for children and their families how it is possible to approach that ideal that is presumably the possession of the richest, freest country in the world—the ideal of producing a generation of children who are healthy and happy and creative because they have had an opportunity to play and learn and grow in an atmosphere of well-being and high morale.

PART TWO: PRACTICE



Public Relations in Public Welfare

By ROSEMARY MORRISSEY

THE MORE I try to learn about public relations, the more I am convinced that there is hardly a phase of an organization's activities that does not fall logically within its scope. I find that the success or failure of our public relations depends, not upon any one individual or group of individuals, but upon the myriad attitudes and relationships of every agency member, and, above all else, upon the validity of the program itself.

Maybe that is why it is so hard to isolate any single aspect of the subject in a discussion such as this. What phase of this thing called public relations deserves precedence? Where should we place primary emphasis? Frankly, I do not know. And so, unless I try to "cover the waterfront," I shall be fearful of omitting, or of seeming to ignore, one or more elements that are essential to the molding of public opinion.

One thing, however, I do know. That is that I must not offer vague generalities. I remember too well a suggestion that was made by Sallie E. Bright, Director of the National Publicity Council, at a conference in Washington in 1949. With her usual directness and economy of expression, she put it this way: "I am convinced," she said, "after attending session after session here, that every time any speaker proclaims 'we must let the public know,' 'we must find better ways to tell our story to the public,' etc., etc., someone should strike a gong. Forthwith one word would shake the rafters. That word would be 'how?'"

Certainly I am not the one to provide all the answers to that question. I do not think I can provide even one sure answer. But I do want to throw out a few ideas so that we may at least begin to answer that question of "how."

Before doing so, let us try to evaluate the progress we have been making. In 1948, at the Louisiana Conference of Social Welfare, John Corson, one of the most astute observers of the public welfare

scene, gave a straight-from-the-shoulder talk. "The social services," he said, "are under fire. . . . From the east coast to the west coast newspapers and radios have screamed 'Chiselers on Relief,' 'Send the Loafers to the Jail House—not the Poorhouse' . . . 'Welfare Workers Plan a Socialized State,' " and so on. That was two years ago. Can we fool ourselves into believing that we enjoy much more in the way of public confidence today? Are we not hearing the same words or their equivalent via the press, the magazines, the radio, and from the mouths of many of our elected officials and highly esteemed citizens? Is there a public welfare department in any state that has not felt some repercussion from a certain article published in the *Saturday Evening Post*? Are the words "chiselers on relief" heard less frequently today than they were two years ago? Does not the finger continue to point to us as those who stifle initiative, condone parental irresponsibility, and aid and abet illegitimacy?

I do not mean to imply for a moment that there has been no progress. There is plenty of evidence of the development and increased use of new public relations techniques in public welfare. But must we not admit that the total impact is far from strong or widespread, compared to the continuous barrage of adverse expression?

And now it is time for that gong. How can we proceed faster? What are we not doing that we might do? Why are we not getting our side of the picture across more often and more convincingly?

The more I wonder about that, the more I keep coming back to a rather disturbing thought. Could it be, I keep asking myself, that maybe *we* are not sufficiently convinced? I hope that question does not sound presumptuous. Actually, I believe sincerely that the vast majority of us in public welfare believe wholeheartedly in what we are doing. I just wonder if perhaps we have lost a little of our original zest for it. I wonder if we have lost a little of our most precious asset—enthusiasm.

I am thinking of the kind of enthusiasm that was characteristic of the pioneers in public welfare, the people who by sheer force of their convictions, by sheer faith in the innate desire of human beings to help each other, found a way not only to let the public know, but to incite the public to action. People like Jacob Riis,

Lillian Wald, the Webbs, the Abbotts—to name a few. They laid the groundwork for us, and we have been building on that groundwork ever since. But have we, perhaps, been so busy with our bricks and our mortar, with the correction of earlier structural defects and the refinement of our highly complex machinery, that we have become a little more like robots and a little less like people? Or is it possible that we are so weighed down by immediate daily pressures and by volume of work that the human element in our job has become a little blurred? Maybe we have lost some of the thrill, the emotional lift that comes from helping people in trouble. Maybe those of us who are in administrative positions are so far removed from the scene of action that we have forgotten what it feels like to sit down at the kitchen table and lend a sympathetic ear to a fellow human being in distress. May it not also be possible that our caseworkers are so driven to meet deadlines, so harassed by volume alone, that “cases” are ceasing to be “people”?

Sometimes it seems to me as though we live in a world all our own. We work like Trojans, we try to solve highly complex problems, we render an accounting of every nickel and dime—and all we ask is to be left alone. There, I think, may be the catch. To be left alone . . . Unfortunately, or fortunately (from a public relations point of view), we cannot be left alone. Why? Because our job is everybody's job. It's everybody's job because everybody pays for it, and everybody either benefits or loses from the way we perform it. I think we forget that sometimes, and maybe that is why we resent it when Mr. Public suddenly rudely interrupts us in the middle of a hectic day and says, “I don't think I like what you're doing with my money.” Our first reaction to that remark from a rank outsider may be one of annoyance. If he repeats it, we are apt to get pretty hot under the collar. If his complaints begin to make headlines, we scurry about frantically to erect our defenses. *Then* we try to crystallize the arguments that will refute his. *Then* we dig for the statistics and the case material that will prove we know what we are doing and why. *Then* we are in the battle up to our necks—and where are we? On the defensive. Sometimes we win and sometimes we lose. It is difficult if not impossible to measure the degree of our success or failure. One thing we can be sure of:

the cards are stacked against us from the start. Why? Because, nine times out of ten, the public has little understanding of our job in the first place; because we have allowed myth after myth to grow and remain undisputed; because we have failed to share with the public the satisfaction, the thrill, the glamour—and I do mean glamour—of this business of helping people. In short, we have failed to take the offensive for too long. Without the sincere enthusiasm I have been referring to, that offensive will be shallow. With it, there are all kinds of avenues open to us.

Let us look first at this matter of staff. We are all pretty well convinced, I think, that in staff we have the number one medium of interpretation. We talk a lot about staff as the ambassadors of good will, the key interpreters of the agency's function and services. But how much do we help them fulfill this all important assignment?

One way that is open to us, I think, is through our orientation programs. In the orientation period, we have a unique opportunity to interpret the rich heritage of our welfare program—its indispensability to the community; the satisfactions and rewards of alleviating suffering and anxiety. We have a chance to help the new worker see, not only his own job, but its place in the total agency operation. We must, I believe, do this very concretely. We must demonstrate to the clerical worker the direct relationship between filing, letter writing, telephone efficiency, statistics, and recording, and the agency's services to people. We must give to each staff member a sense of the vital importance of his individual job and its indispensability to the total operation. We must, I believe, instill in the social work staff a sense of the dignity of their profession; a sense of their inestimable opportunity to relieve suffering and help others find a better way of living. We must create an awareness of responsibility, not only to the client, but to the taxpayer. From the very beginning, we must try to develop in each new staff member an awareness that to the public he is the department and that from his attitudes, his helpfulness, and the efficiency of his service, the public will form its opinions.

So much for orientation. Obviously, this is merely the beginning step in helping the staff to see their place in public relations. The

extent to which they will continue enthusiastically to interpret our program depends primarily, I believe, upon the extent to which our agency is truly democratic. By that I mean the extent to which staff is enabled actually to participate in the formation of policy. I mean the extent to which the channels of communication from the lowest to the highest echelons are constantly kept open.

We must, I believe, continuously ask ourselves what opportunities we are offering our staff for the free expression of their doubts, their suggestions and constructive criticism. We must make every effort to insure that each worker understands why certain changes are being effected, why we are making increased demands upon her at any given time, what steps we are taking to correct inequities in the program which she finds hard to accept. We must continuously interpret, in understandable terms, the reasons for our failures and our successes, and invite staff to help in the solution of some of our problems. Only then can they take pride in the agency and want others to know of its accomplishments.

If the agency is small, the mechanics of this two-way communication are comparatively simple. If it is large and far-flung, success depends upon many variable factors. Certainly, in any case, the immediate supervisor will play a very important role. Upon her own security, understanding, and enthusiasm for the program, will depend her ability to develop security and interest in her workers. But we must not forget that she too must have the freedom to express her doubts and her suggestions. There must be channels of communication open to her, so that she feels that her contribution is listened to and respected. Without such respect, we can hardly expect her to take pride in the dignity of her position and exert her full efforts to instill such pride in others.

Obviously, a great deal of this will stem from the direction at the top. It will stem from an attitude, a point of view, which respects and recognizes the potential contribution of every single staff member. If that attitude exists, there is little doubt in my mind that the mechanics will be effectively worked out.

What are some of the tools we can employ for maintaining this two-way communication? There is, of course, the individual super-

visory conference. There is also the group supervisory conference. There is the staff meeting, which may include total staff or whatever grouping is appropriate for the purpose.

The formation of an active and alert staff council, elected through democratic means, may be an excellent means of enabling staff to voice a collective opinion. In some situations, unionization may prove even more effective. We need, I believe, to make much better use of suggestion systems, such as those now being used more and more by industry. And, in my opinion, every large agency needs a house organ, or company publication, as it is known in business. Such a publication can be very modest and inexpensive. To be effective, it must carry a strong personal feeling and afford the opportunity for an informal exchange of ideas between employees of all ranks. It provides a wonderful opportunity for the director to share with the staff some of the thinking behind changes of policy, some of the pros and cons that affect decisions, and to express her own personal interest in the welfare of her staff. It can be highly effective in creating a sense of solidarity, of "oneness" within the agency, and can help to keep the worker aware that his particular division or unit is merely one segment of a vitally functioning whole.

Many business houses today issue a special annual report geared specifically to the interests of the employee. While we may have neither the money nor the facilities for the production of such a specialized publication, we can at least be sure that the annual reports we do issue not only are of interest to our staff members, but express much of their thinking. The same is true of any other publicity materials written for public distribution. Finally, let us use our annual meetings to strengthen staff solidarity and to enable staff to participate actively in reporting the year's accomplishments.

In short, we must use every available means to help staff understand, in their terms, what we are doing and why. And in our daily relations with them, we must leave no doubt that this is their agency, from top to bottom. If we can accomplish that, and I realize I may be drawing a blueprint for Utopia, I think we can rely upon staff to do a bang-up job of selling our services to the public.

One further word. I think that staff also need help in some of

the specifics of public relations. I think we must devote time and effort to discussion of such matters as telephone techniques and attitudes. I think we need constantly to point up the tremendous importance of the first impression—and please, let us not forget our receptionists. I think they need help with some of the sixty-four-dollar questions that are posed, not only by the client public, but in their social contacts—questions that any of us would find difficult to answer. Certainly we need to interpret to them the importance of good press relations and help them understand that reporters are people who are trying to make a living, even as they are. I think we need to assist individual staff members in preparing for a press interview and help them develop an awareness of news values. Although I believe it essential to channel all press relations through a central source, I think we should recognize that many of our staff members can become excellent interpreters to the press. We must, however, help them to understand what constitutes news and feature material and emphasize the importance of presenting that material in clear, understandable terms. Staff members are, of course, invaluable as public speakers and as interpreters to our own board members. The degree of help they will need in this will naturally depend upon the degree of their own skills. It has been our experience in New Orleans that they welcome such help and that when it is given them, they far exceed our expectations as enthusiastic interpreters and spokesmen.

I have lingered long and probably tediously on this question of staff. I have done so because I think they are our strongest offensive weapon. They can and should be so many salesmen who daily, almost hourly, can prove more than any printed or spoken word of publicity that public welfare is worth the price.

Let us look now at some of the other media through which we may launch this offensive I have been discussing. They include the board, lay committees, newspapers, radio and television, printed publicity materials, public speaking, the use of volunteers. Obviously, I cannot now explore the techniques that help to make each of these effective but I would like to consider a few of the opportunities I think we are ignoring.

Take the matter of interpretation to our boards. In the first

place, how representative of the community is the average welfare board? Is labor represented? Do we have someone who can bring us the thinking of the church groups, the schools, the minority groups? Do we find the average housewife or small businessman represented very frequently? How long have the same board members been serving? If we cannot enlarge our boards to include wider representation, what use are we making of lay committees? We all know that we learn by doing. Are we putting this theory into practice with our boards and lay committees? What kind of assignments are we giving them? I think I would learn a lot about the relationship between housing, for example, and dependency, if I were serving on a committee assigned to study a slum area. I think I would begin to understand why so many chronically ill men and women remain on the relief rolls for so long, if I had a chance to study the existing facilities for their care. I think participation in a cost-of-living study would make me want to do something pretty quickly about relief grants. Those are just a few examples. There are innumerable ways in which we could enlist citizen support by the simple device of enabling people to learn by seeing and doing.

There are many opportunities, in my opinion, for a wide variety of other types of volunteer activity in the public agency. True, proper screening, orientation, and supervision are "musts" in such an undertaking, and they require staff skill and time. But let us remain constantly aware that volunteers can be a gold mine, not only in helping us expand our services, but in increasing public understanding and support. Let us seize every opportunity to bring the citizens in with us, to let them see with their own eyes, to let them grapple with some of the problems they may never have known existed. If the private agencies can do it, we can do it. That we will profit equally, I have no doubt.

In so far as newspapers are concerned, I come back again to that word "offensive." Why do we so often wait until the reporter comes to us? (And when he does, why do we sometimes give him the brush-off?) I doubt if any organization can vie with social work in the volume of feature material, human interest stories, and straight news that is part of our daily activity. Why do we clasp to our own

bosoms the results of research studies that would be of considerable interest to at least a segment of the general public?

It is my contention that we have too many fears about publicizing what we know. Take this whole question of Aid to Dependent Children, for example. Who should be the first to throw the spotlight on the present alarming incidence of desertion? Who sees it firsthand and can document it with facts and figures? Why should not we be the ones to say to the public: "Look—our concern is with the children; they must be fed and clothed and given a decent start in life. That's for your protection as well as theirs. But we think you should begin thinking about the basic causes of this situation. Isn't this a matter of education? Don't you think the churches, the schools, and all of you parents should be trying to get at the root of this problem?" I do not think that would bring about a cut in the appropriation for the ADC. No reasonable human being wants to make children starve or suffer. But an informed human being who is paying the bill might bestir himself to get at some of the causes and try to eradicate them.

It seems to me that what we do is to wait for the public to tell us these things. Nine times out of ten, they do not have the correct facts to start with, and their conclusions are based upon a mixture of confusion, annoyance, and misunderstanding.

We could be using newspapers and magazines in several other ways. How much publicity do we give to our positive results? Are we constantly on the alert for feature material that will demonstrate rehabilitation, and the many ways in which we increase rather than deter the productivity of our clients? When we publish statistics, do we take the trouble to interpret them at the same time? Do we seize every opportunity to publicize the enormous daily and monthly volume of service we are rendering? Do we emphasize the protective and preventive aspects of our service?

All of this is equally applicable to other forms of printed material, to radio, and to television. The essence of the matter, in my opinion, is that we have to stop ducking publicity, we have to stop shrinking from the limelight, and launch a wholesale offensive.

Let me point out that we have a great advantage over business

and industry in such a "sales campaign." We can admit what we cannot do, and gain from it. The man who is trying to sell a new car does not dare tell some of the things that are wrong with it. We have much to gain by telling the taxpayer that we are spending too much of his money, that there are too many people in this country today who are dependent upon the government—provided we tell him why, provided we tell him what he must do to reduce the numbers and the cost.

Let us welcome the chance to tell the taxpayer what we cannot do, to say over and over again that we cannot clear the city of the slums that breed dependency and crime; that we cannot distribute medical services over the nation so that illness—the number one cause of dependency—can be prevented and lessened; that we cannot equalize educational and employment opportunities for all citizens so that their chances for self-maintenance will be far greater than they are today; that we cannot enact into legislation an insurance plan that will enable all of us to save for the future during our productive years. We should welcome the chance to emphasize these negatives and clearly to differentiate between our responsibility and that of the community as a whole. We should, in my opinion, seize every opportunity to give the taxpayer all the facts, the facts which we know firsthand, and assure him that, in addition, we stand ready to offer him skilled professional help in finding solutions to some of these problems. We need constantly to remind him that it is our job to meet the need as it exists and to meet it adequately and promptly. We are dealing with the effects. Let us tell him what he can do about the causes.

That is what I mean by taking the offensive. With that point of view, I think we can go places—and faster.

I hesitate to close this discussion without frankly admitting that in order effectively to accomplish much of what I have outlined, we need more specialized help. We must recognize—and soon—that almost more than any program I can think of, public welfare needs the services of qualified public relations personnel. It is very hard for me to accept that this is not feasible. When are we going to start learning from industry and, to bring the point closer home, from our voluntary social agencies? Do they operate without

such help? If, like the voluntary agencies, we had to depend upon contributions for our support, perhaps we would soon avail ourselves of such skills. We would learn that it takes a little money to raise a little money. Are we any less dependent upon public support than they for our existence?

May we not at least hope for a public relations staff on the national level within the reasonably near future? And is it too much to ask that there be at least one such consultant on the state level? (There are now, to the best of my knowledge, approximately ten or twelve states out of the forty-eight in which provision is made for a full-time public relations assignment.) And how can we continue to overlook the need in some of our larger local departments? How can we afford to continue ignoring the power of public opinion at the grass roots?

I cannot help but believe that if all of us are convinced of this need, if we will not be deterred from continuously trying to convince others, the miracle can be made to happen (and maybe sooner than we think). In the meantime, let us remember that even without such help there is a great deal we can do to get out from our defensive position. There is a great deal we can do to substitute an offensive action that carries a lot more punch and a little more enthusiasm.

A Procedure for Self-Appraisal of a Community Welfare Council

By JOHN B. DAWSON

THE COUNCIL MOVEMENT dates back some forty years. There are over four hundred councils in existence at the present time. The question "what makes councils click?" has been explored a number of different times in a number of different places. There is something unique, however, about this experiment in self-appraisal which we are now considering. For the first time, many councils have been working cooperatively to discover whether there are things in reference to their structure and operation which by common consent might be taken as an indication and perhaps in some degree as a measure of good performance. Please note the emphasis on performance. Much has been written on "how to organize a community welfare council." There is a considerable body of agreement as to purpose and function. By contrast, this inquiry turns on how one can tell whether structure and operation are actually being spelled out in accord with basic principles and objectives. The further point is whether one can agree on a series of tests which can throw light on such questions for any council anywhere.

An inquiry of this kind has definite limitations. It does not deal with end results. The ultimate test of council action lies in its impact on community betterment and human well-being. That, however, is a matter quite beyond the range of this project. Consequently, the expressions "self-appraisal" and "self-evaluation" should be used with caution. We are dealing with means to an end, not the end itself. We are considering structure and performance, not results. On the other hand, good planning machinery makes for good community services. Good services promote the well-being of

people. The inquiry, limited though it is, has meaning in terms of ultimate goals and purposes.

The desire to find some criteria for effective structure and operation has grown out of local council experience. It is not in any sense a brain child of the national organization; rather the national organization has played its traditional role, that of a facility through which local communities may pool their experience and through which local experience and leadership may be brought to bear in effective action. Time and again in the course of correspondence and field visits local communities asked for some yardstick to measure the effectiveness of a council. On the Pacific coast in 1946 they were talking about "a syndicated rating schedule." Perhaps it took a jolt like that to deliver an idea which in view of the forty years of council history seems a trifle late aborning. Anyway, from that point on, councils began to turn their attention in a concerted manner and through the medium of the national organization to the practicability of some sort of appraisal form for structure and operation.

One of the chief values of this testing process is in the process itself. In other words, if lay and professional leaders in any given council do a little brooding together on how to test structure and operation and if they put their conclusions to work, this very exercise will lend new strength to council activities. That is not all, however. This experiment in self-appraisal arrives on the scene at a time when it is especially important that councils generally be able to say with confidence what they are about. Consider the following observations:

1. In five urban areas in which comparisons can be made between the years 1924 and 1948 it was found that tax funds accounted for 32.5 percent of total expenditures for health and welfare in the former year and 53.6 percent in the latter year. Contributions, meanwhile, though larger in the aggregate fell from 27.3 percent of the total in 1924 to 10.1 percent in 1948. It might be noted incidentally that total expenditures increased from 10.62 per capita in 1924 to 39.4 per capita in 1948. In twenty-nine urban areas in 1948 tax funds accounted for 57.2 percent of total expenditures. Contributions accounted for 9.4 percent. Of these contributions

three fifths came through local chests and two fifths from other sources. This changed pattern of financing has a bearing on local planning which is of enormous significance. Councils will be ineffective in the field of health and welfare planning if they are not dynamically related to it. Yet, too few local communities have as yet grasped the import of it in terms of council structure and operation. In cases which may be extreme though not unknown the council function, consciously or unconsciously, is thought of as something primarily related to chest-supported agencies.

2. We are in a critical period in chest financing when campaign returns lag behind the goal and when there is little or no advance over the previous year. This is not an entirely new phenomenon. In perspective, however, there is a sharp contrast between the trend of events during and immediately after the war years and the campaign results for 1950. The record indicates that in the former period chests not only held the line for the all-time voluntary agencies but also made significant advances in their support. For 1950, seven hundred chests heard from by the middle of April, 1950, report that they have attained 93.3 percent of the goal. For 617 chests supplying comparable figures for 1949 and 1950 the increase was eight tenths of one percent. Fifteen of the thirty-five chests raising a million dollars and over raised less than in the previous year. This sort of situation hits the councils fore and aft. When retrenchment is necessary the question is where and how to retrench. This simply means that the planning function becomes increasingly important and essential. At the same time, when money is scarce, the very real requirements of the direct service agencies and the pressures to which they are subject tend to overshadow the less tangible services of a planning body. Time and again chests have met this issue fairly and with due appreciation of the council function. The ability of the council to survive the storm and stress of such an experience, however, will depend in no small degree on the extent to which it can demonstrate that its organization is sound and that its function and purposes are being achieved.

3. In the perennial question of the relationship between councils and chests an assumption that the two should be put together seems presently to be moving around like an epidemic. Let it be said

at once that there would be no council movement as we know it were it not for chest backing and support. Let it be agreed that chests and councils stand or fall together. We know that chest financing has an impact on the total community program for health and welfare far beyond the measure of its financial support. Let it be noted also that in not a few instances the needs of the local community have been thought to be best served through a merger of the chest and council function in a single organization! The fact remains, however, that when we talk about "putting fund raising, budgeting, and planning together because they are all part of the same thing" and when we apply this argument to the chest and council we are talking about fund raising and budgeting in reference to less than 6 percent of the total funds needed for health and welfare. The remaining 94 percent of fund raising and budgeting may be influenced to a greater or less degree by council action but it is not wrapped up in the package when chest and council are joined for the purpose of putting fund raising, budgeting, and planning together. We are also talking about processes which are inherently different. The keynote in the one instance is the word "campaign." In the other, "council." In one instance there needs to be a closely knit organization, closely controlled and directed, with powerful influences brought to bear, persuasively or otherwise, for benevolent ends. In the other, the organization must serve a different purpose and is fashioned in a different way. It is where people take counsel together. It is a group process. It is a democratic process which distills out the best thinking of lay and professional leaders and prepares the way for action. Social planning must be geared to creating an atmosphere for change as well as to the actual making of plans. If it is to preserve this unique and essential process the council, whether a part of a single organization or separate, must again be able to give account of itself. It cannot be merely the tail to the community chest kite.

4. In the field of financial planning there seems to be a movement on the face of the waters these days which may have an import for councils as well as chests. There is a rising tide of public unrest related to the present multiplicity of appeals. We are where we were when the chest came in some thirty-seven years ago. Touched off

by the spectacular events in Michigan, community leaders are looking to the possibility of uniting in one appeal the chest and the many large appeals now made independently. Here again powerful forces are at work. No one can yet see clearly the shape of things to come. But there may well be quick and dramatic developments. In such event, the council will need to be able to lay on the line in a precise and factual manner the position it must sustain in the changing scene in order to fulfill its purpose and function.

5. Lastly, it might be noted that in the twenty-nine urban areas reporting health and welfare expenditures, the amount allocated to the planning function was two tenths of one percent of the total. In order to raise and allocate some 9 or 10 percent of health and welfare income these twenty-nine urban communities were spending three times as much as they spent for planning the entire program. Pulling oneself up by one's own bootstraps is a gentle exercise in comparison with what some councils are expected to do with the meager resources available to them. There are instances of generous and understanding support of the council program. In too many instances, however, the size of the council budget is not commensurate with the investment which the community is making in total health and welfare services. There are unhappily too many instances in which the council job is a sort of avocational interest to which one turns when the pressures of campaigning ease off a bit.

These observations are not a digression from my main theme. They are pressing reasons why the council movement needs to gird itself. Self-knowledge is a part of its armament.

For these and other reasons this matter of a self-appraisal form kept on coming. In December, 1946, it was formally presented to the Committee on Health and Welfare Planning of Community Chests and Councils of America for discussion. A special committee was appointed to delve into the question. A tentative form was devised which after further clearance with the Health and Welfare Planning Committee was tried out on some twenty councils in various parts of the country in August, 1947. It would be a bit of an exaggeration to say that this new and soul-searching questionnaire,

then running to a hundred or more items, was received with wild enthusiasm by all concerned. It is a matter of record, however, that one council (whose name will ever be cherished by members of the committee) wired for five additional copies. In all, it soon appeared that the committee had been hitting close to the bull's-eye. There followed a further process of revision in light of comments and suggestions received from the local councils. By the end of 1948 a new draft was ready for experimentation and analysis by the Blue Ridge Institute and by Community Organization Service of Massachusetts.

The committee's own concept of things changed as time went on. In the beginning there was a neat list of exactly 100 questions to be answered "yes" or "no." For example, under the general heading of membership: "Are at least 10 percent of the members of the Council delegate body persons serving as representatives of civic organizations or delegates at large. Yes? No?" If you were really up to snuff, you would be able to say "yes" to perhaps eighty such questions. Par for the course being 100, your council's rating obviously would be 80 percent. Unfortunately, no one could agree with anyone else on the specifics. Who was to say whether in the example given the figure should be 10, 15, or 20 percent and why? The idea of a norm or standard is attractive but elusive. The plain fact is that councils do not yet know enough about themselves nor do they know enough about the variation in practice as between one council and another to make possible the use of standards or norms as applied to council structure and operation.

Setting out on a different tack it seemed to the committee that there might be a reasonable measure of agreement on certain basic assumptions or premises with reference to structure and operation. It might then be possible to list various questions relevant to each premise. Answers to such questions would reveal current practice. Practice so recorded could be analyzed and classified. Any one council could see where it stood in comparison with others in respect to the items selected. Ultimately, certain experience factors by general consent might be taken as bench marks for the general adequacy of council operations. The committee followed this line of reasoning in drafting the appraisal form.

To illustrate Step 1 is to state the basic premise. Touching on the question of membership previously quoted, the premise is phrased as follows: "Membership should be inclusive of all voluntary and governmental agencies conducting health, welfare, or recreational activities, and of such civic and related organizations as have a major concern in the community's welfare program. It should include interested individuals serving as members at large. It should represent in so far as possible, the points of view of the various occupational and cultural groups within the community." To anyone familiar with council work that may seem to be a rather obvious, not to say trite, conclusion. But how many councils have taken Step 2, which is to ask about the specifics? How many such agencies? What proportion of the total? Which are in and which are out? How many members at large? What proportion of the total? Which business, professional, religious, or cultural organizations have an interest in community services? Which of these are members of the council? Step 3 is to record the selected experience factor as observed to date. For example, in the matter of delegates at large the council using the appraisal form will be able to record its own experience in relation to the fact that in larger cities it has been observed at least 10 percent and in smaller cities at least 20 percent of the members of the council delegate body are representatives of civic organizations and citizens at large.

The basic premise may go into considerable detail. For instance, take that dealing with "participation," meaning attendance at meetings and acceptance of assignments which further the purposes of the council. The premise is that "participation" should reflect an appropriate balance between lay and professional workers; a balance among persons identified with the various interests and types of work, both governmental and voluntary represented in the council; the use of professional workers below the executive level; a reasonable spread of attendance and assignments throughout the entire membership of the council; the use of persons representing diverse interests in matters on which there are differing opinions; the inclusion of a sufficient number of persons within the range of council activities to provide a broad base of community participation; a long-range program for enlisting the active participa-

tion of persons who are likely to have community influence and specific contributions to make in council work. Each of these items is followed by questions on the specifics. To illustrate again, we say that "participation should reflect the use of professional workers below the executive level." Question: What percentage of the unduplicated list of board, division, and committee members for the year are agency employees below the executive level? There then follows the selected experience factor indicating a percentage ranging from 10 to 20 percent except that it is lower in very small communities.

Further to illustrate the questions on specifics the following might be cited which fall under a general premise dealing with program:

What up-to-date basic community statistics does the Council maintain in its files for use in connection with its planning program, e.g., in reference to population characteristics and changes, the extent and nature of social problems and needs? Does the Council regularly collect monthly statistical reports from its agencies? Has the Council during the past two years made a study of sources of funds and expenditures? List all studies of broad social problems and community needs and resources in the past two years. List projects looking to the possible development of new services, major extensions, eliminations or realignments; or major changes in scope or administration of services. How did such projects originate? Cite activities in the field of legislation. In what specific ways has the Council participated in the allocation of Chest funds and of tax funds? What common services does the Council provide? What has the Council done in public relations?

Membership, participation, and program have been mentioned in referring to the subjects covered in the self-appraisal form. There is also a section on structure, one on relationship to other planning groups, and one on finances and personnel. In each case there is the basic premise, the series of questions on specifics, and the selected experience factor as noted to date. In the opinion of the committee it is the composite picture that counts. How a council stands in reference to the sum total of all points enumerated is a more reliable index than its standing on any one.

In all this there is no suggestion that it would be possible or desirable to adopt a rigid set of standards to which all councils

should conform. Different patterns of community life make for different patterns in community planning. Moreover, the form itself is highly experimental and needs to be checked and double checked through local use. This is particularly true of the so-called "selected experience factors." To some degree, these are certain to be challenged and should be. They are not yet firmly enough based to serve as a wholly reliable point of reference, still less as a standard or norm. Nevertheless, taking it all in all the self-appraisal form does map out a way of getting at the "innards" of council performance which may be rewarding to individual councils and to the movement as a whole—and worth the time spent on it. If the thing seems to be a formidable undertaking and if the answers are not always as easy to state as the questions it is perhaps in part because there has been too much loose thinking and loose talk about what a council is and does. This procedure for self-appraisal at least has the merit of getting down to brass tacks. That is a wholesome discipline. What councils stand for is today being put to the test of public opinion. What councils can accomplish in relation to their stated purposes and objectives is being scrutinized and weighed. These very facts are in some degree a measure of opportunity. The council movement has scarcely begun to realize its full potential of usefulness. Its future is before it. This cooperative approach to a better and more precise understanding of where we are perhaps has its chief value in that it throws some light on the road ahead.

The Function of Research in Social Work Administration

I. ESTABLISHMENT OF ADMINISTRATIVE POLICY

By *BERTRAM J. BLACK*

IN AN ARTICLE appearing in the *Social Work Journal*, John C. Kidneigh defined social work administration "as the process of transforming social policy into social services." "This definition," says Kidneigh, "also includes the process of utilizing the experience gained in transforming social policy into social services to make recommendations that will modify the social policy. It is thus a two-way process: (1) a process of transforming policy into concrete social services and (2) the use of experience in recommending modification of policy."¹ He goes on to differentiate between the policy-setting authority of the board, body, or legislature and the rule-making function (the setting of what he calls "secondary policy") of social work administration.

These are important concepts and distinctions to keep in mind. Besides enunciating the respective roles of the major formulators of policy, they make crystal clear how important is the administrative function in forming and changing policy. If I may be permitted one more quotation from Kidneigh's paper, "Social work administration is the process of executing that policy during the course of which the experience gained is made available to the policy-making authority for purposes of providing a sound base for the continuation or modification of that policy."²

If this idea is linked with placing "fact-getting" and "analysis

¹ John C. Kidneigh, "Social Work Administration, an Area of Social Work Practice," *Social Work Journal*, XXXI (April, 1950), 58.

² *Ibid.*

of facts" high on the list of the procedures of social work administration, my main theme becomes apparent. In essence, it is that administrative policy, whether social policy or rule-making, is based upon the interpretation of the administrative experience as revealed through the assembling of the facts of that experience.

I write from the standpoint of the administrator rather than from that of the research specialist, but much of the administrative process involves the same philosophical logic as there is in a research undertaking. The able administrator fits the facts placed at his disposal into a framework in which he is cognizant of the biases which may be present in the gathering of data, and sums up his conclusions in as objective a manner as is possible. When it comes to his interpretation of the findings and his application of them into a plan of action, there are, of course, a great many factors outside the confines of the research undertaking or the scientific process which condition the translation into policy.

Policy is a pretty broad word and can be used to cover the entire scope of an agency's structure and practice and the whole of the responsibilities of, and the decisions made by, the administrator. Anything and everything may be thought of as policy forming. A concept of this sort is, however, self-defeating, and we must be more limiting and specific. We are concerned here with policy as the governing laws, rules, and regulations which set the structure and the function of the social service enterprise as well as the major focus of, and terms under which, the social work practice takes place.

Let us examine how this administrative policy is determined, and then we may see in what ways the research process may be utilized in the setting of policy. Generally speaking, administrative policy is established unilaterally, jointly, or through circumstances outside the control of those who ordinarily set or carry out policy. Unilateral decision is that made by the policy-setting body, based entirely upon the recommendation of the administrator, or of someone else graced in the garb of an expert, and founded entirely upon the untested experience and opinion of that single individual. Three kinds of joint policy-making may be identified:

1. One is bringing together or unification of the expert opinion

of those involved in the carrying out of policy, or of those who have experience in the area in which the policy is to be set. For example, the combined opinion of the psychiatric staff of a child guidance agency may be that children with organic difficulties be not accepted for treatment; this growing out of the experience of these medical men that such children need the resources of a hospital setting. Acceptance of this recommendation by the policy-making body would constitute policy-forming through joint action.

2. Policy decisions fall under the heading of pooling the common ignorance, in my opinion, when the group from which the recommendations are obtained represents no bona fide expert judgment or reliable professional experience. An example of such joint decision might be that of approving the establishment of a new community center based on nothing more than the willingness of a lay planning committee representing the boards of directors of a number of enterprises, some within and some without the community. Another example of pooling the common ignorance is the manner in which many day nurseries were established solely on the desires of leaders in the community, both lay and professional, without determination as to the interests of the mothers of the children to be served.

3. Most important, there are joint policy decisions which involve the exercising of informed judgment based upon active participation of all concerned (the democratic process) and drawing upon the most objective information assembled and analyzed scientifically. This process is most likely to yield valid results and to promote adequate social service. It is this form of policy-making to which the research process is most directly related.

A simple definition of what I mean by "research" is in order here. Research is the process of gathering or developing information about a situation to test an hypothesis or to answer a question clearly formulated. Research involves the use of techniques that insure that human and other biases are reduced to a minimum, and the methods are such that their application to the same set of facts by any other qualified investigator should yield the same results within an allowable range of error. Research might be very simple, as, for example, the enumeration or classification of facts,

or it might involve more complex methods of time-trend analysis, multiple correlations, or various measures of the significance of differences.

Some of the matters of policy for which research has been invaluable in supplying the facts for making decisions are:

1. Questions as to change in the size or nature of the client group to be served
2. Questions as to change in the type of service to be rendered
3. Questions as to the effectiveness of a service in order to determine its continuation
4. Questions as to change in the agency's structure or organization which reflect in its function
5. Questions as to changes in the time, motion, or responsibilities of staff.

Of course, these questions are interrelated, and not infrequently the point of policy embraces, not one, but a combination of such issues. Let us consider how research is utilized in their solution.

1. *Questions as to change in the size or nature of the client group to be served.*—This is a problem which very frequently faces social welfare organizations. It may come to the agency from the outside, embodied in a request that the program be extended to groups not now being served, or it may grow entirely from the agency's own experience. Settlement houses and other social group work agencies have frequently been beset by the problems arising out of shifts in the population of the neighborhoods which they are set up to serve. The clientele for whom the settlement house was established moves on to other sections of the city, and the agency is faced with the inevitable decision as to whether it will offer its services to the new population or follow its clientele to new geographical locations. Such a decision can hardly be made on an a priori basis. Many facts need to be determined which call for an adequate research undertaking. Just what are the characteristics of the population in the present service area? Just where has the former clientele moved, and what are its present interests or its needs in its new location?

I think particularly of one large neighborhood center set up to serve a Jewish clientele. Population shifts occurred, and the neigh-

neighborhood became predominantly Negro. Wisely, the executive and the board of directors acceded to the suggestion of the Council of Social Agencies that a careful study be undertaken before the neighborhood center carried out its stated desire to close its doors and open extension units in the new centers of Jewish population. A careful community survey revealed great need for recreational services among the newer Negro population, as well as the soundness of the center's desire to provide the extension service. Faced with objective facts, the board of directors changed a policy of three decades' standing, and in cooperation with another agency, opened its headquarters facilities to the new population of the neighborhood; and at the same time, with the blessings of the planning bodies of the Council and the budget committee of the chest, the agency opened the extension units it desired.

Another example of research in helping to determine the client group to be served is one closer to home. Traditionally, the Jewish Board of Guardians was organized to serve delinquent and pre-delinquent children in New York City. As the years have passed, and treatment emphases in the prevention of delinquency have shifted from religious education to recreational supervision to child guidance treatment, descriptions of the case load have shifted, too. No longer do we talk of delinquent children or even of behavior disorders. Our children are emotionally disturbed. They have personality and conduct disorders. They are neurotic. They are sick. The community and the board of directors asked whether we were continuing to discharge the responsibility for which we were set up. A study was launched of the characteristics of the children in our present load, comparing them in detail with the characteristics of children in the case load some years ago, at a time when there was no question but that our children were delinquent or pre-delinquent. The not unexpected result was that in symptom behavior these were the same children. The change in treatment methods and diagnostic procedures had called for new labeling, focusing not on the symptom, but on the dynamics and cause. The board of directors was satisfied that no change in policy was required, excepting that a newer interpretation to the community and our colleagues had become necessary.

2. *Questions as to change in the type of service to be rendered.*—

This too is a problem frequently faced in our field. Subtly and imperceptively our methods become more refined, the knowledge upon which we operate becomes greater, and the kind of a job, be it casework practice, social group work supervision, the administration of public assistance, becomes more professional. From time to time, the administrator and the policy-making body must take perspective and be satisfied that the type of service rendered is in line with the avowed policy of the agency. In many an agency this question has been answered by requesting an outside professional expert to review the agency's methods of practice, to determine whether its direction is correct, that it meets the standards of the profession, and that it supplies what the clientele should be getting.

Frequently, the experience of the agency itself points the way to the provision of new types of service and raises question as to whether it should be providing this service in addition to, or in substitute for, that which it has heretofore been rendering. I think of a League for the Hard of Hearing which had for many years been operating as a recreational and social club for a group of middle-aged women with hearing difficulties. This was not the typical program for leagues of this sort, and in the opinion of a number of medical men and social workers this agency should have long ago shifted its service to a program for children, with emphasis on testing, on education in lip reading and use of hearing aids, and on a casework service to the children and their families. A board of directors, wiser than it realized, refused to alter its program until it could see the results of an objective survey throwing light upon the total volume of children in the community with hearing difficulties and providing an analysis of the experience of casework agencies and school counselors with the services offered to children and their families. The completion of this survey, conducted by a research specialist under the guidance of a committee representative both of the agency and of the other interested parties in the community, established without question the need for the service as recommended by the medical and social work experts. The League then willingly embraced the new type of service, and, on a cooperative basis, shifted its social club to a recreational center.

Another example of research in meeting this kind of problem is the celebrated Klein study of the building fund campaign of New York's Federation of Jewish Philanthropies. The question facing the Federation was how could the money raised in the building fund campaign be expended to provide for the establishment of all the types of child care facilities which should be in operation for adequate institutional service to children. In this study the pooled opinion of child welfare experts as to the array of institutional facilities required was tested by careful classification of all the children then under care, and those for whom care was needed as revealed through the experience of the public welfare agencies and the courts. It was thus revealed that in order adequately to care for children who must be placed away from their own homes in institutions, there should be ten different institutional programs, differing from each other both in the types of children to be served and the types of service to be rendered. This study is having a profound effect in the setting of policy as to type of service by all the child welfare and child guidance facilities in the Jewish Federation family of agencies.

3. *Questions as to the effectiveness of a service in order to determine its continuation.*—We have but scratched the surface in developing the tools and methods for measuring the effectiveness of an agency's service or its administration. A few success-and-failure studies have been undertaken. In addition, there are growing attempts to measure effectiveness in terms of the changes taking place in the client situation during the process of casework service or treatment.

I have one reservation about research in measuring the effectiveness of a casework, social group work, or treatment service: there needs to be much more objectivism and standardization in the process itself than there is at present before any research techniques are likely to yield valid and reliable results in measuring effectiveness. As a profession, before we yield entirely to the desire of the administrators and policy-makers for proof of effectiveness, we must forge and calibrate a great many measuring rods which are not now existent and introduce them as complements to clinical and casework judgments at key points in the service process.

4. *Questions as to change in the agency's structure or organization which reflect in its function.*—It may not readily be recognized that decisions to rearrange the component parts of a social welfare enterprise or to regroup functions are policy decisions. Certainly, where there is the possibility that such decisions will reflect, in turn, upon the type of service to be rendered by the agency or will substantiate or change the function, these policies should not be determined except upon the results of adequate research. All too often such reorganization takes place and is announced as a "demonstration" or as "experimental" when all that is meant is that the policy-makers have acceded to trying out a new formulation which they believe might work better than the old. I have no fault to find with such policy decisions, except that the experiment or demonstration should really be treated as such and provision made for the adequate assembling of factual experience so that sound policy decision can later be made as to whether the demonstration should become permanent.

There are times, however, when functional reorganization or structural change is based upon the analysis of data gathered through research. One with which I am most familiar was the reorganization four years ago of the various divisions of the Jewish Board of Guardians into a Child Guidance Institute and a Division of Community and Child Protective Services, in this way separating out and clarifying the traditional child protective role of the agency and setting up more soundly, and with requisite protection, the child guidance unit. The reorganization was not agreed to by the board of directors until a careful study had been made of the functional operations of the existing departments and an analysis prepared of the relation of the services to the community needs and expectations.

5. *Questions as to changes in the time, motion, or responsibilities of staff.*—We are all familiar with time studies as a means of assembling information through which to decide administrative policy relating to the time and motion of personnel. Time studies are, of course, technical undertakings, but they are so costly in energy and in money that it is only the foolish or psychotic who would set one up without adequate controls for bias and objectivity. Each

time study must be designed to answer a specific question. The question as to whether an agency is warranted in the time consumption in its program of supervising field work students is quite different from the question as to whether an undue amount of time is being spent in meetings and conferences, and a different kind of time study is required for each.

Another type of time-and-motion study is the experiment with size of load or with arrangement for intake. Both public and private foster care agencies have experimented with the effect of different size case loads upon the efficacy of service. Also, decisions as to manner of handling intake, particularly in large agencies, whether by rotating the case-carrying staff or by providing separate intake personnel, have sometimes been based upon experimentation with adequate controls and provision for analyzing the result.

Research is not something that just happens. Insurance as to objectivity and against bias, and the application of the techniques of scientific procedure, requires specialized management. This is not a mantle which ordinarily falls upon the shoulders of the policy-makers, the administrator, or the practitioners who carry out the policy of the agency. None of these in his regular role in agency affairs can be responsible for research. I do not mean by this that every piece of objective fact-finding for the setting of administrative policy requires the employment of an expert in research methodology. My only point is that there should not be confusion between the responsibility of the policy-makers and the administrator for posing the hypothesis or question and interpreting the results and the responsibility of the research worker for gathering, analyzing, and presenting the facts.

In these days of tremendous stresses and strains upon the security of people and upon the economic framework which supports social services, it becomes imperative that the most efficient use be made of all those programs and methods which are most beneficial to humankind. Changes in administrative policy are merely reflections of shifts which become necessary through experience and which may be common to more than one setting. There is great loss if the fruits of these experiences, and scientific assembling of factual information resulting from them, are not transmitted to other agen-

cies, to other communities, to other settings which can benefit from them. It is extremely important that in the future development of professional administration of social services there be a great deal of stress upon research method, and administrators should be taught to have recourse to it in the preparation of such facts, in the evaluation of such experience, and in the examination of such principles and concepts as are necessary in establishing administrative policy.

II. APPRAISAL OF EFFECTIVENESS OF SOCIAL WORK ADMINISTRATION

By *ANNE E. GEDDES*

THE DEPRESSION OF THE 1930s and the second World War, as well as growth of population, have stimulated extension and expansion of social work programs in the United States. As services multiply, clientele increases, and program interrelationships grow more complex, it becomes increasingly necessary for the administrator of a social work agency to have objective data to aid him in grasping and appraising the many facets of administration.

Pressures for the development of more satisfactory tools for the appraisal of social work administration are coming from many quarters: from within the social work profession itself, which is increasingly concerned with testing the efficacy of practice; from administrative staff who are confronted with the necessity of diagnosing and solving the problems associated with large-scale management; and from outside groups who hold the purse strings—budget officials, appropriation committees of legislatures, and dispensers of community funds.

Many means have been devised for appraising administration, among them being organization and management surveys; case and administrative reviews; fiscal audits; reports of field staffs; progress reports; and research. Each of these techniques has an important contribution to make to appraisal. I shall discuss only one of numerous tools of evaluation, namely, research conducted under standards of statistical reliability. Both in formulation and in analysis and interpretation, however, such research necessarily draws heavily upon information obtained by other devices.

The effectiveness of administration can be measured in any real sense only when an agency's objectives are clear-cut and specific. The formulation of such objectives is not the task of research, although research may contribute significantly to their formulation. Objectives are expressed through policies, standards, and procedures for the implementation of policies, and work planning. Be-

cause public social work programs are rooted in law, public funds can be expended only within circumscribed limits, and appropriation requests are subjected to the searching scrutiny of appropriation bodies. For these reasons, progress in defining objectives has perhaps been greater in public than in private social work agencies.

Research conducted for the purpose of aiding in the appraisal of administration is applied research. Obviously, it cannot be conducted in a vacuum. The data which the research staff develops for administrative use must to a large extent either flow from operating records or be recorded for research purposes by workers while they are in the process of providing service. Thus, the setting in which research is conducted must be such that members of the research staff not only are oriented to administration in its numerous aspects, but have a dynamic relation to it. They must have a broad grasp of policies and procedures and be aware of current operating problems. The director of research must be conversant with long-range plans to modify organization, program content, and work plans and emphases. At the same time, he must as fully as possible be freed from operating responsibilities in order to perform his primary function. Every research director in an operating agency finds it difficult to maintain a proper balance in this regard. He tends either to be too isolated from, or to be engulfed in, administrative deliberations.

The development of a program of administrative research in a social work agency requires, in addition to intimate knowledge of administrative content and method, both creative imagination and technical skill. The research program should be so formulated that information is available to the administrator on the aspects of administration that are most fundamental in the light of the agency's particular functions. A program of administrative research can be satisfactorily developed only through analysis of agency functions, processes, and activities. Careful consideration must be given to determination of the types of data needed periodically and those that can best be obtained through special studies or other devices. Few agencies can develop simultaneously all the types of data needed for continuous appraisal of administration. The re-

search program should be so planned, however, that the agency will be continuously adding both to the range and depth of its knowledge. The building of a comprehensive program of research in some respects resembles the piecing together of a jig-saw puzzle. As additional pieces are fitted together the picture begins to emerge. Unfortunately, however, the task is never completed. Indeed, since social work is dynamic, the picture to be viewed is ever changing.

Data collected periodically are not per se evaluative. Reams of statistics may be collected recurrently without supplying much basis for gauging the effectiveness of operations. If properly conceived and significantly analyzed, however, periodic statistics may afford the administrator substantial basis for judgment as to whether operations are efficient in terms of staff, time, and cost.

Current reporting projects, because of their repetitive nature, tend to dull the perceptions of those who handle them. Often research workers fail to be aware of the latitude that exists for choice in the selection of units of measurement to be reported periodically. Every research director should review critically from time to time the pertinence and usefulness of the items currently collected lest the incubus of habit close his mind to change. For each service, units of measurement should as fully as possible reflect the major processes and activities through which service is provided. It is, of course, important to know how many people receive each type of service, but a mere count of persons served gives little clue to the effectiveness of service. Measures are also needed of what workers do, how they do it, and the end results.

In each type of social work program the fundamental processes through which services are rendered are different. In a public assistance agency the major processes are the application process (establishing initial eligibility for assistance and the amount of need) and the reinvestigation process (establishing current eligibility and need). These processes may be broken down into the establishment of specific points of eligibility such as, for example, age, residence, citizenship, reason for lack of support or care, blindness, and need. Need determination is a comprehensive term for a complex of subdeterminations. Points of eligibility are established primarily

through interviews conducted by workers with the client or collateral sources in the home, in the office, or by telephone.

The administrator needs information regarding volume of work performed, flow of work, volume of work pending, elapsed time in carrying through major processes, time required to perform units of work, staff engaged in work, and expenditures incurred in order to carry on work.

From periodic data, the administrator can follow trends in volume and types of work performed in relation to demands for service and staff available to perform service. Rates of progress in carrying out the service processes can be measured, and the unit costs of these processes can be compared over time. For a given period, it is possible to measure performance against established goals, if these have been established; against objective standards of performance, if any have been developed; or against performance of other offices or agencies with similar functions.

Time-study analysis is an important part of any program of administrative research. In planning the work program, budgeting and controlling costs, and determining the size, type, and distribution of staff, time-study data are indispensable. For each program administered by the agency, it is important to know how much staff effort goes into such activities as interviewing, travel, recording and reporting, case planning and case conferences, and other activities. From such data it is possible to derive average time requirements to perform units of work.

Analysis of how time is allocated among programs and among activities within programs is basic in drawing conclusions as to whether staff time is being effectively used. Does the agency have a proper balance among staff of different types? Is staff allocated to different offices in relation to demands for service in these offices? Because of imbalance in the staffing pattern, is social work staff performing functions that could be more effectively and economically performed by clerical personnel?

In planning work programs and budget requests for future periods, time-study data used in conjunction with projections of periodic statistics on work loads can supply the administrator with a more realistic basis than would otherwise be available for predict-

ing staffing needs and financial requirements. It becomes increasingly difficult to persuade budget officials that money is needed in the future merely on the grounds that money was spent in the past.

Time-study methods as applied in the field of social work have been greatly improved in the past decade. Continuous gross-time recording has given way to recording for sample areas in sample periods and the establishment of average time requirements to perform units of work. The use of mechanical equipment for analyzing time records of individual workers has greatly reduced the laboriousness of time recording and analysis and enhanced the usefulness of results.

Research has a function to perform in the development of data that can be used in the development of standards, as, for example, standards to be used by workers in applying policies in individual case situations, performance standards, staffing standards, and fiscal and management standards.

Standards constitute a bridge between a policy and its uniform application. In no area of social work could this be more clearly illustrated than in the determination of economic need. In measuring what a needy individual requires to live on or in measuring the extent to which his resources can be applied to meet his requirements, a large number of different standards must be applied, each of which can be effectively developed only on the basis of painstaking research. Some of the research may best be conducted by the social work agency; some may more appropriately be carried on by other research organizations as, for example, agencies constructing standard budgets or engaged in tax research.

In social work administration, little has been accomplished in the development of performance standards, although through time-study analyses the average amount of time required to perform an activity or process can be determined. Agencies are reluctant, and properly so, to hold individual workers to rigid quantitative standards of output. The validity of standards for individual or group performance will be enhanced if qualitative as well as quantitative factors are considered in their development and due allowances are made for such variable factors as differences in composition of individual work loads, travel time, and so forth. Standards of per-

formance, if expressed in units of output, should reflect a range of tolerance. Deviation in either direction from the range should be regarded as a signal that the situation requires examination rather than as evidence of exceptional efficiency or the reverse.

Administrators are looking to research workers to supply data that will be useful in the establishment of standards for staffing local agencies. Such standards are particularly difficult to formulate in a multiprogram agency in which individual worker's loads contain in different proportions cases of various types. Special studies of the effects of alternative staffing patterns are needed to determine how optimum service can be provided.

In a public assistance agency the ability of local offices to provide services to needy persons in accordance with state policies depends upon the availability of adequate funds. When programs are financed from local, state, and Federal sources, techniques of allocation are needed to assure the proper flow of state and Federal funds to localities. The equitable apportionment of funds to local subdivisions requires the development of measures both of local needs for funds and fiscal ability of localities to provide funds. Measures of local need are merely the aggregate of individual amounts of need, but are reliable only if need is determined uniformly in all localities and promptly for all applicants. The construction of indices of local fiscal ability and the development of methods to equalize the distribution of funds requires knowledge of state fiscal practices and the use of data derived from sources outside as well as within the social work agency.

The demand for social work service is dependent upon many factors over which an agency has no control. Rapid growth in the population of a community, strikes in key industries, large-scale unemployment, the expansion or contraction of another social service, and a rise in living costs are among the many external conditions that may have a sharp impact on the work load and financial requirements of a social work organization. The administrator needs to know whether the service is responsive to changing circumstances. Can existing staff absorb added work loads? Can assistance payments be adjusted to mounting living costs? Are funds adequate to meet the needs of persons whose pensions have been

cut off by the stoppage of payments from a union fund? The research staff must be continuously alert to the importance of measuring the effects on the demand for agency services of social and economic changes and changes in, or inadequacies of, services of other agencies.

In the last analysis, the effectiveness of administration can be determined by the end results of the program. Are all persons applying for and eligible for service receiving it? Are policies being equitably applied? Is the service adequate? Are the persons receiving service benefiting from it?

In determining how effectively provisions relating to coverage are operating, information is needed regarding the social and economic characteristics of recipients. Such information makes it possible to trace the effects of various factors of eligibility and, to the extent that census data permit, to draw at least tentative conclusions as to whether particular groups appear to be discriminated against. In the program of Aid to Dependent Children, for example, the administrator should have data showing the extent to which children deprived of parental support or care for the reasons recognized in the Social Security Act are being aided. Are children whose parents are estranged by divorce, separation, and desertion, or who are unmarried, able to receive aid as readily as children whose mothers are widowed? Analyses of national data indicate that in 1948 families on the ADC rolls because of estrangement of the parents comprised a smaller proportion of total families aided than families with children in which the parents were estranged constituted of all families with children in the general population. When 1950 census data become available, states and localities will have a better opportunity than for many years to get perspective on the extent to which they are meeting the needs of particular groups.

Methods of measuring the adequacy of service vary with the nature of the service. In the income-maintenance services, the acid test of the service is the adequacy of total income (including the payment and other income) to maintain a reasonable living standard. Total incomes of recipients can be measured against the cost of a given content of living. Tools that have thus far been developed for this purpose are inadequate. Another approach to the problem

is to find out what kind of living the recipients of assistance are able to achieve. Do they have adequate nutrition, decent shelter, and so forth?

The adequacy of a service may be appraised by determining the long-range effects of the service on the persons served. Many techniques are being used for this purpose, among them being follow-up studies to determine how individuals are faring after receiving service; studies of case movement to determine whether at the termination of service the client is better able to handle his personal problems; studies using control groups to determine whether individuals who have received service are better off than individuals in similar circumstances who did not receive service; and client-opinion surveys to determine whether the persons served think the service was satisfactory and beneficial. Although progress is being made along all these fronts, methods of measurement must still be regarded as crude and results as tentative. No branch of social work research is more difficult to perform, and none is more fundamental.

Research has a role to play, not only with respect to appraisal of current administration, but in predicting the effects of proposed changes in policies and standards. The improvement of sampling techniques has opened up possibilities for much more research of this type than has been conducted in the past. The device of the permanent sample (which is kept continuously representative of case load by removing sample cases that are closed and adding a sample of cases newly accepted) is being used by a few state public assistance agencies, not only to obtain information regarding changes over a period of time in the characteristics of the persons served, but also to estimate the effects on coverage or costs of certain alternative policies and standards.

The literature of social work research does not begin to reveal the extent to which statistical reports, special studies, and special analyses are providing administrators with a basis for judging the effectiveness of administration or locating, diagnosing, and solving administrative problems. The purpose of such research is largely achieved when the results are presented for administrative use. The administrator wants to know in a nutshell the upshot of the

research. Discussions of methodology are out of place. It is more important for the research staff to concentrate its efforts on dynamic fact-finding than to write about it. More has been published on the findings of studies relating to the end results of programs than to their administrative operations. Progress in research contributing to appraisal would be furthered by more interchange of information than currently exists regarding the scope and method of studies and analyses relating to social work administration in its countless aspects.

Despite the steady advances that are being made in social work research, those who are engaged in such activity must view with humility their accomplishments to date. It is simpler to set forth, albeit tentatively, the functions of research than to fulfill these functions. Although some research is being conducted by social work agencies along all the lines discussed here, few if any agencies have such comprehensive research programs as I may have suggested. The research that is conducted, however, often illumines problems only faintly or too late. The effectiveness of social work research must be scrutinized along with the effectiveness of social work administration. In both there is much room for improved techniques and better performance; both, however, are moving in a forward direction.

Human Dynamics in Administration: the Social Work and Personnel Approaches

By ALBERT H. ARONSON

ADMINISTRATION OF A SOCIAL WORK AGENCY involves the application of social work principles and professional practice in relation to the agency program and within an administrative setting governed by management principles and techniques. These include principles and techniques of personnel administration relating to the management of human relations and resources within an organization to achieve its objectives. This paper is an exploration, rather than an exposition, of current problems of such management, touching on personnel approaches and relevant social work thinking.

Historically, personnel administration may be said to have viewed the employee as a unit of production. Personnel administration has been termed "human engineering." The connotations of this term are unfortunate. It may imply exploitation and disregard of the individual as such, as well as a precision not attainable in human relations.

Modern personnel administration fully recognizes the importance of the individual and the necessity for recognition of his personality, his aspirations, and his right to respect and dignity. Personnel administration may be defined as the application of psychological and management techniques to promote the efficient use of employee abilities in congenial and purposeful teamwork.

Traditionally, if a personnel office recommends a better washroom, it is in terms of its effect on employee morale, production, and turnover and not because the office has itself postulated the right of workers to clean hands. One may say that while in social

work self-realization of the individual is in itself one end, in personnel administration it is a means to effective accomplishment of organizational goals. The authoritarian approach is rejected, not necessarily because of philosophical concepts of democracy in administration, but because it does not promote efficiency. This does not, of course, imply that personnel administration is not democratic, but that it is pragmatic and inductive in its conclusions regarding the individual in the work situation. In the area of public personnel administration, an objective of the merit system is democratic recognition of the right of the citizen to be considered for public employment on the basis of his qualifications. There would be general acceptance of the implication for all personnel practice of the statement in the code of ethics prepared by a committee of the American Association of Social Workers: "Respect for, and acceptance of, the individual human personality as having unique value and dignity is the foundation of social work practice, as of all the great systems of ethics."¹ It should be added that progressive personnel administration in a democratic society fully accepts, although it does not always apply, that society's highest ethical standards. However, it is an art, or, if you will, an applied science, rather than a system of deductions from value judgments.

It might be well to consider, at this point, the varied activities included under personnel administration. They relate to recruitment, selection, compensation, staff evaluation and development, promotion, employee relations, employee services, separation, and retirement. In meeting the problems in these areas, various approaches are used. They include techniques, such as those of job classification and the establishment of performance standards, as a basis for employee evaluation. Personnel administration may involve services to employees as diverse as giving information on housing and counseling on personal problems. It involves concern with working conditions, with the motivation of employees and their participation in policy-making and administration.

Some of these activities involve specialized techniques that have been developed through scientific research. For example, the body of information on selection includes the findings of the psychom-

¹ American Association of Social Workers, *Progress Report*, No. 2116 (1948).

etrists as to valid ways of measuring individual differences significant in job performance. The personnel technicians have developed selective methods, formalized in the public service, that are built upon the scientific principles so discovered. Other activities are based, not upon the quantitative sciences, but upon the theories, the experimentation, and the conclusions in various social sciences. Thus, the observations of the social anthropologists and the contributions of the psychiatrists to an understanding of human relations affect the policies and procedures of progressive organizations.

The experience and the techniques of the social work profession constitute an important body of knowledge with respect to ways of dealing with human problems in difficult social situations that are in large part applicable to administration. Curiously, however, there has been no more consistent recognition or application of these principles in the administration of social work agencies than in the administration of other agencies in public or private enterprise.

A review of some of the principal personnel approaches to human relations in administration, in juxtaposition with the applicable thinking in the social work field, would, I believe, reveal no basic conflict in philosophy. There would, of course, be differences in technique and in emphasis, and perhaps some blind spots on each side. For example, one of the basic principles of personnel administration is a recognition of the importance of individual differences. This expression, as used in personnel administration, implies identifiable and ultimately measurable differences in specific abilities and traits. In social work, the term "individual differences" seems to connote rather the uniqueness of each total individual personality.

There is a common tendency to underestimate the significance of individual differences in the work situation. Supervisors often talk as though the difference between the best and the marginal workers is relatively slight. As a matter of fact, such differences often are as great as 200 to 500 percent. If this is true where observable production records and records of accuracy are available, the differences may be even greater in fields of human relations, where a poor

individual can be a disturbing factor. Unsatisfactory employees may even have a negative value, if their deficiencies affect the productive activity of others, as in the case of supervisors.

The recognition of individual differences has led those engaged in personnel research to an analysis of the knowledges, skills, and abilities of individuals and the development of objective and valid methods of testing them. Despite the social work profession's recognition of the principle of individualization and of the sociological fact of individual differences in native endowments and in acquired knowledges and skills, there are segments of the profession that do not see the application of the principle to the selection of social workers. For example, some use labels of training and experience without recognizing the range of individual differences in abilities behind those labels. The recognition of individual differences should not stop with the conclusion that each individual is unique. The range of differences in specific traits can be explored and can become the basis for effective selection and placement.

In the selection of staff, particularly professional and administrative staff, factors of personality and emotional stability are of critical importance. The social work profession, through recognition of the importance of emotional factors in human behavior, and its knowledge of interviewing, has a contribution to make in this appraisal of personality. The collaboration of the psychometrist, the psychiatrist, the personnel worker, and the social worker might well lead the way to advances in the field of identifying personal characteristics that are important for job success. Interestingly enough, one of the most recent significant approaches to the scientific evaluation of the personality—the so-called “interaction chronograph”—was developed by a social anthropologist at Harvard, using psychometric techniques, originally in a clinical setting, to identify patterns of response by different types of psychotics.

It should be recognized that in personnel administration we are dealing with individuals only in their capacity as workers. However, the economic and the administrative aspects of the job cannot be divorced from the social situations in which the workers find themselves. The importance of human relationships on the job in giving job satisfaction to the workers can hardly be overempha-

sized. The desire for participation and the desire for recognition of one's contribution to the organization are powerful forces. The desire of the individual to use his highest capacities is effective motivation for staff development. It can also be a basis for dissatisfaction, if the organization does not recognize the individual's desires or does not put the same evaluation on his capacities as he does.

In each of these situations and in the supervisor-employee relationship the social worker will be able to identify areas in which the principles of social casework and social group work are applicable. While social work thinking has necessarily been within the frame of assisting the individual who is under economic or social stresses or who is economically or socially disadvantaged, its basic approach is applicable to many of the problems of the work situation. For example, to use a statement of principles of social casework by Charlotte Towle, "the conviction of social workers of the importance of understanding and dealing with factors which cause social maladjustment" would be applicable to personnel work if the term "social maladjustment" were changed to "maladjustment on the job."²

A second principle, "the appreciation of individual differences and the realization that one must work differentially, individual by individual," is applicable to administration. However, in order to avoid administrative chaos, it is necessary that, in dealing with such individuals, they be dealt with within a framework of organizational structure and of regulations that apply with equity. For example, a recognition of the differences among individuals does not imply that one individual should be given twice as long a vacation as another because he is more tired or better able to appreciate leisure.

"The importance of family in the life of the individual" is not directly related to personnel administration, but certainly it is undeniable that the performance of individuals on the job, which is the sole direct concern of administration, is affected by the current family adjustment of the individual, as well as by his childhood and

² Charlotte Towle, "Social Case Work," *Social Work Year Book* (New York: Russell Sage Foundation, 1947), p. 479.

perhaps his prenatal environment. Another casework principle, "recognition of the importance of the nature of the interrelationship of client and worker," can be transformed into a valid administrative principle if the term "supervisor" is substituted for "client."

Similarly, the finding in social group work that "the primary source of energy which propels the group and influences the individual to change is the reciprocal response of the members" ³ can contribute to the handling of employee groups. One can also apply both to training and to productive work the principle that "the program experiences in which the group engages should begin at the level of member interest, needs, experience and competence and should progress in relation to the group's developing capacity."

Counseling in personnel administration, when it goes beyond vocational counseling and into the area of counseling on personal problems, may be regarded as clearly within the area of social work practice. In fact, many organizations that do counseling of this type use psychiatric social workers.

There is one significant difference between the treatment of the individual as a client in a social work situation and as a worker on the job. Many of the techniques, and certainly the basic principles of respecting the individuality of the worker and giving him the maximum opportunity for participation and decision with respect to his own affairs, are the same. The process of supervision, like social work, is a helping process. Nevertheless, there are situations in administration in which action must be taken which is not for the best interests of the individual worker. For example, if a worker is threatened with a nervous breakdown, work therapy may be one of the best means of helping him through a difficult situation. Yet, if the individual is not performing satisfactorily, it may be necessary to take administrative action toward separation which might be harmful rather than helpful, and perhaps even catastrophic to the individual. Sound personnel administration will consider the welfare of the worker, but it cannot sacrifice organizational efficiency in the hope of contributing to rehabilitation. A dilemma

³ Harleigh B. Trecker, "Social Group Work," *Social Work Year Book* (New York: Russell Sage Foundation, 1949), p. 483.

may arise, and the decision, for example, as to whether to discharge an alcoholic, cannot be considered primarily from the viewpoint of the individual. Sometimes, however, administrative action, such as directing an incompetent worker into work for which he is qualified, may help both the individual and the organization.

The importance of program and administrative leadership and of effective supervision cannot be overemphasized. Such supervision, to be successful, must be based upon sound principles of human relations and of development of the capacities of employees rather than upon an attempt to drive employees.

A study by the Survey Research Center of the University of Michigan brought scientific evidence to buttress this viewpoint, which is widely accepted in theory by social workers and personnel workers but not always practiced. A study of parallel sections doing identical work in a large life insurance company revealed that the high-production sections differed from the low-production sections in the character of their supervision. Specific differences were identified as follows: The supervisors of the high-production groups were under less close supervision from their own supervisors. They placed less direct emphasis upon production as a goal. They encouraged employee participation in the making of decisions. They were more employee-centered. They spent more of their time in supervision and less in straight production work. They had a greater feeling of confidence in their supervisory roles. They felt that they knew where they stood with the company.

It is apparent that there is an important relationship between morale, productivity, and effective supervision. If this is so in occupations where production can be directly measured, it would certainly seem to be of even greater significance in areas where the employees must be entrusted with discretion and are themselves working in the area of human relations.

The role of the supervisor, therefore, should be recognized primarily as one of training. We can apply the dictum of the dog trainer who, when asked the secret of his success, said "To begin with, one must know more than the dog." At each level of supervision, the supervisor must have a real contribution to make in terms of specialized knowledges and ability to train. This is not

to be interpreted as requiring that, as one goes up the administrative scale into areas of coordinating diverse activities, the administrator must know more of all specialized techniques than those he directs. At the level of administration, those entrusted with broad activities must, however, have, in addition to leadership abilities, a perspective on the program which is based upon knowledge of relevant factors. In both supervision and administration, those in charge must be sensitive to the reactions of employees and must manage to establish a relationship that is based upon their ability to help the employee realize his potentialities and not upon an authoritarian approach. This does not imply that they do not make decisions. Decisiveness and forcefulness in effectively presenting decisions and recommendations to superiors and to others are component elements of administration. They can be combined with employee participation in reaching a decision or formulating a recommendation.

One of the elements of the administrative process that is different from the social casework process is the necessity for arriving at administrative judgments. For example, the supervisor must judge the performance of the employees under him. But this should be not a subjective process of evaluating the relationship between them or the motivation of the employee. It should be an appraisal of his job performance in terms of standards of performance that can be discussed with the employee. The employee must know what is expected of him in specific terms, and his successes or failures in meeting the standards must likewise be discussed with him. This should, of course, be done in terms of staff development. If the employee's deficiencies are in traits which he cannot alter, such as intelligence or physical appearance, there is no point in discussing these, unless they are so critical as to warrant his transfer to other work or his separation. Much of the dissatisfaction with service rating plans arises from the confusion between types of ratable elements which are the proper subject for discussion and those which are not. An attempt to dodge the latter sometimes results in ratings which do not discriminate among employees even as to the controllable elements of job performance.

Personnel administration must be realistic in terms of its adapta-

tion to the agency setting. Formal methods that are necessary in a large organization to prevent administrative chaos may be mere red tape in a small agency. While the problems and basic principles are the same, the degree of formalization should vary with the size of the organization.

In the public service, experience has indicated that the most effective personnel administration on a continuing basis is to be attained through an effective merit system. This is not so much a matter of law and structure, as of dynamic, day-to-day application of sound principles. Public and professional support and understanding are necessary to success in building a career service.

In the public service, methods are formalized, not only because of the size of the agencies, but because of the public interest. Administration within a public agency is properly subject to public scrutiny. The public is entitled to be considered for jobs in the service on the basis of their individual qualifications, and this necessitates an objective approach, even aside from such considerations as the intrusion of political spoils and personal bias. Certain provisions in the public service are not related to the administrative needs of the agencies, but are matters of public policy. In this category are veterans' preference and residence requirements. It must be recognized that these can be carried to such an extreme that they defeat sound personnel administration.

The basic human desire for security expresses itself in administration as in other aspects of life. In concrete terms this means that there will be employee pressure to develop a system of tenure. This is sound when it leads to a career system with tenure based upon job performance. A system of appeals is a protection against arbitrary administrative action. It should promote a sense of security, without which it is not possible to obtain a full release of work energies. It can, however, develop into a system of protection of the competent and the incompetent alike. Emphasis on seniority is a resultant of employee desire for equity and security. Seniority is a proper consideration in layoffs and in promotions, but it can be carried to the point where it is hampering to administration. In layoffs it may lead to the retention of the marginal as against the superior employees. In promotions it can lead to the elevation of mediocrity.

The social work profession has an important contribution to make in various phases of personnel administration aside from those previously mentioned. In the development of performance standards, it is necessary that persons familiar with the type of work involved and able to develop sound criteria of effective performance participate with those who have a knowledge of personnel techniques and the experience in this field. Similarly, in the examination process, the best results are obtained by a collaboration of subject matter specialists and personnel workers who can draw upon the scientific experimentation in psychometrics. In the selection process, the first step is a definition of the knowledges, skills, and abilities needed for specific jobs. The judgments in these fields should essentially be made by subject matter specialists, but in terms of the experience in the personnel field and the psychological considerations involved.

A profession depends for its strength in recruiting a fair share of talent from each college generation. Unless individuals are recruited who possess leadership capacity, there will inevitably, and properly, be recruitment from outside the profession for important jobs in the field. Hence, one of the major responsibilities of any profession is to portray its work realistically and yet in such fashion as to demonstrate the challenge in the work for persons of superior ability. Compare the attraction of medicine for college graduates and the number of persons of promise desiring to enter medical schools with the number and quality of those who desire to enter social work. If one is satisfied with this comparison, the social work profession can be said to have met its recruitment challenge. If not, new and vigorous measures are needed.

An essential part of a program of sound administration is provision for educational leave. However, unless the policies and the administration of an educational leave program are such as to select persons for future leadership, the expenditures may, to a large extent, be merely for those persons who can, because of their family situations or other personal considerations, conveniently take leave. A program of scholarships for promising young persons, before they assume family responsibilities, may help solve this problem.

In the area of personnel administration, as in other administra-

tion, we must guard against the triumph of technique over purpose. At the same time, we must recognize that advances are made, step by step, through the application of validated methods in relation to specific problems. The practical application of scientific theory and findings, the realistic adaptation of tried techniques to specific settings, and imaginative experimentation are essential to progress. This must be coupled with a vigorous approach to existing deficiencies that relate not to inadequacies of knowledge and techniques, but to the impact of outside forces. Examples of these are inadequate pay scales, restrictions on the use of the best qualified candidates, and lack of adequate retirement provisions.

The maintenance of sound professional standards and practice is dependent upon progressive personnel administration in the agencies in which social workers are employed. The profession has a rich contribution to make in improving administration. It can help attain broader understanding and support of sound personnel policies and scientific methods in social work agencies. It can contribute to personnel practice from its own applicable experience in problems of human relations. It can add realistic content and professional substance to the study of social work jobs, the preparation of tests, and the development of standards of performance.

This brief review of the approach to problems of human relations in the work situation indicates that its dynamic character is recognized by the field of personnel administration. This recognition lays the groundwork for a fuller appreciation of the applicability of many social work concepts and for a fuller continuing contribution by the social work profession.

Some Qualifications for the Local Public Welfare Administrator

By *KARL DE SCHWEINITZ*

A NEW EXECUTIVE had come to head a local public welfare agency. He was replacing a well-meaning individual, ambitious to be a leader in the community, but with no other preparation for this kind of responsibility than a smattering of philanthropic hearsay, and without the self-discipline entailed in settling down to a study of the job. The former executive had been fertile in ideas and in expressing them in public, but they had no relation to each other and lacked any foundation in operating experience.

The members of the staff never knew when a new project would burst in upon them or which way the executive would swing in response to community pressure. In less than two years, a potentially good institution was in a state of confusion, its board and its personnel enmeshed in what Mary E. Richmond once called a tangle of good intent. Fortunately, this individual had one quality which only too often is lacking in similar situations. He was able to recognize that this was not his job and he resigned on his own motion.

His successor had none of the showiness of the man he succeeded, but he knew public welfare. What was more, he regarded the work of the organization and the experience of its personnel as a continuing source of education for himself; he was able to put together what he learned, appreciate its significance, and through his day-by-day activities, discussions, and decisions provide a clarifying medium for the thinking of his associates. As two members of the staff came away from the new administrator's first meeting with the county board, one turned to the other and said with deep satisfaction, "Now we know what it is all about."

What the speaker meant was that he saw both purpose and process in the way in which the head of the agency was undertaking the

responsibilities of leadership. Here was a man who not only understood the nature and significance of the program he was administering, but who had shown in his approach to the meeting of the board, from the planning of the agenda to the justification of the budget, that he was effective in the field of operations. He knew how to measure the steps between a proposal and its realization, and how to utilize the resources represented in the personnel of the agency.

This incident may perhaps illustrate what I believe to be the central qualification of the local administrator, the summation of the many kinds of competence he must exercise. The prime requisite of leadership in public welfare is the ability to integrate an understanding of program with a facility in operations, to combine philosophy and process. By process, I mean establishing, relating to each other, and using the steps involved in getting things done in an orderly way in fulfillment of, and consistent with, the purposes of an organization.

The competent county director must have a philosophy broad enough to equip him for dealing with such questions as those about the welfare state and the relation between the social services and free enterprise. At the same time he must have a facility in process that will enable him to appreciate what is involved in scheduling case loads, in devising systems of recording, in personnel administration, and in the development and application of welfare policy. He must avoid, on the one hand, being the kind of person who is all over the community, carrying the cause of social reform, but is never in his office when his assistants need him, and, on the other hand, being the kind of person who sees nothing but the desk in front of him, recognizing no relation between the community and his job, and who will not leave his swivel chair because this would entail the delegation of authority, and that in turn would prevent him from making every decision himself.

For the preparation of a local administrator, equally effective in program and in operations, every thing which education can muster is required. His development starts with the cultural background, derived from secondary school and undergraduate college, and continues with the special equipment provided by professional and

in-service training. The importance of an adequate experience in each of these four preparational stages is being increasingly recognized by today's leadership in the field of public welfare. In addition, however, there is a growing interest in the development of educational opportunity for the administrator after he has become an administrator.

The subject is important for two reasons: first, because in discovering what the local executive needs to learn after he gets on the job we can find out what should go into the preparation of personnel for welfare administration; secondly, because no matter what education an individual may have acquired—and most of us have had to tackle positions of leadership without what we would regard as ideal equipment—once a person has arrived at the chief administrative post, he finds that life at the top is different from what he saw along the line of ascent. Having arrived at the job of welfare executive, he is in another world, a world one cannot fully appreciate until he has reached the point where his neck is out.

The father of two small children, after an evening with two prospective parents who were full of the information that pediatrics and psychology afford, said, with a sigh that expressed the perplexities and delights of experienced fatherhood, "They have attended all the classes and they know all the facts, but they haven't had a baby." I covet for the welfare administrator every bit of preparation he can get, but no matter how much he absorbs in advance, there will be something more that he will want after he has had the baby.

That something he will get in many different ways. It will come to him in the process of administering the welfare program and through the daily flow of relationships with the personnel of the organization he leads. He will find it in state field supervision and in the state system of in-service training, in meetings with his fellow welfare administrators, in the rich reservoir of technical material developed by the Federal agencies, and in the general literature of the field. He will have the advantages of the sessions of the American Public Welfare Association, the American Association of Social Workers, and the national and state conferences of social work. Opportunity for educational leave may make it possible for him to engage in graduate study in public administration and social work.

Together with these basic facilities, I would like to suggest a special device, designed to offer the local executive a vantage point from which, in temporary detachment from the routine of his job, he might view his work in perspective, reappraise his objectives and activities as an administrator, and map his way. Let us call this device "Social Security Institute." It would be a study and discussion group that would meet full time for three weeks under educational leadership. Its membership might include both public welfare executives and executives from the employment service, old age and survivors insurance, unemployment insurance, and disability insurance. These executives would, for the most part, be top administrators, but, in the case of larger organizations, either the head of the agency or the deputy, or the person next in command, might attend. Only one person, however, would usually be present from any one organization. The total membership would, at the optimum, include a range of from sixteen to twenty-two individuals.

This Social Security Institute would explore program and operations in employment, insurance, and assistance, bringing together the mutually relevant experience and thinking of each of these phases of social security. It would proceed through a series of lectures, discussions, consultations, and study periods, integrated under educational leadership to form one unified experience. The curriculum, assuming three weeks of full-time work spent in this way, would consist of five parts:

1. *Basic issues.*—This subject would include a discussion of the economic and social facts and considerations that are determining the nature and direction of our system of social security. Moot points about employment, social insurance, and public welfare would be analyzed—those which arise in the Congress and in the state legislatures, those that develop in the course of administration, those represented in the proposals of various groups in the community, and those which can be seen in the social security systems of other countries.

2. *The history of social security.*—One road to the discovery of what it is all about will be found in a review of the past. What have been the forms of economic insecurity which have plagued men in the past? How have they attempted to solve these problems? What

have been the effects of the measures they have employed? How has the individual used government in his efforts to achieve social security? What have been the developments through which we in the United States have arrived at our present system of social security? How has man succeeded in reconciling his need for security with the necessity for productivity and his desire for freedom?

3. *The administrative process.*—The nature of this process as employed in social security would be discussed, and the knowledge and skill entailed in translating law into benefits and services. Included would be specific problems and situations in the managerial phases of the process. Communication, particularly communication through writing—both what the administrator himself writes and the writing required of the personnel of the organization—would receive special attention.

4. *Human relations and supervision.*—What are our goals in the relationship between the representative of government and the individual who comes to use the services government has established in his and the community's interest? What are the administrator's criteria of excellence in his relations with the personnel of the organization? What measures can we employ to attain to these goals and to meet these criteria?

5. *Individual projects.*—The fifth element in the curriculum would be a project which each member would select for individual study. The project might deal with program or with process or both. It would represent an opportunity for the local executive to develop a subject in which he might have long had an interest, but which, in the press of administrative duties, he had never been able to pursue. Time would be set aside for this purpose in the schedule of the institute. Each member would present his findings to the group.

This five-point curriculum would entail the use of the following faculty members:

1. There would be a seminar leader for each of the first four topics outlined above. One of the seminar leaders would also serve as director of the institute. The seminars would consist of a series of sessions, some daily, some every other day, and some twice a week.

2. There would be lecturers and discussion leaders of individual

sessions in which specific phases of the four main topics would be considered.

3. Consultants would be available as advisers to the members of the institute in their projects and would be drawn from the fields of education, government, labor, and industry.

Faculty, curriculum, and membership would be integrated into what, despite the brevity of the time—three weeks is a short span for study, though long to be absent from an administrative job—would be an educationally patterned setting. In a very real sense the members of the Institute would be going to school, but it would be a different kind of school, a school in which the student body would be mature, experienced, and authoritatively competent, each member responsible for making a contribution to the group.

The administrators would participate in the Social Security Institute as individuals. They would not be putting themselves on record. They would not be negotiating policy. They would be engaged in an educational experience. Administration, with its need to eventuate in action, proceeds through effecting agreements in which the parties involved often arrive at a common position from different, even from opposite, reasons. Administration may thus often seek to avoid issues, but issues and generalization are the stuff and substance of education. The objective of the Institute would be to make it possible for each member to deal in basic principles, differing or agreeing as an individual, making up his own mind and enriching his own philosophy. He would be enjoying an opportunity to move from the job into an environment of lecture, discussion, and study in which he would be "exempt from all influence, either of hope or fear."

It is with some confidence that I make this proposal of a Social Security Institute for the local public welfare administrator. The program suggested is substantially that offered in December, 1949, by the University-Government Center for Social Security Administration, in a three-weeks institute for state and Federal executive personnel in public assistance, social insurance, and the employment service. It is based also on experience derived from several institutes of briefer duration conducted at state universities for state and local administrators. These institutes are not a substitute for the public

welfare institute offered cooperatively by a state university and a state department, a proved and a well-established training device. The Social Security Institute represents an additional opportunity for administrators who desire, not only to get the perspective of the total program of social security, but to obtain the value of the cross-fertilization that goes with the actual presence and participation of executives from the various services in this field. An essential condition to the successful completion of such a project is an educational leadership with the sponsorship and active backing of the administrative agencies in the field of social security. The educational leadership must have a feeling for administration and the administrative process and an appreciation of the nature of the problems the administrator faces. The administrative agencies must be willing to enter into an educational experiment, recognizing that much of trial and error will be involved. An institute for executive personnel, aiming at the study of program and process in a field as broad as social security, is not a project to be easily accomplished. It calls for the most careful planning and the most thorough preparation.

The Social Security Institute stands half way between in-service training and professional education. It is extra-organizational, but it operates within the program of income maintenance. It is not a panacea. One does not leave an institute with his problems solved or with any dramatic accession of ability.

The problems with which we deal have puzzled man since the beginning of organized society. The ability which the local administrator must exercise, whether he leads a personnel of ten or of ten hundred, is too diversified and calls for too much in professional discipline to be acquired in less than years. The public welfare director needs all that general and professional education and in-service training can provide before he reaches the administrative post, and all that in-service training and professional education can offer after he has arrived at the responsibilities of leadership. For the person who in the absence of sufficient preparation looks forward at some future time to further education, the institute can serve as a transitional expedient. To the executive who has had a well-rounded education it can mean an opportunity for the kind of

refreshment and renewal that can come from association, in a period of planned study and discussion with his peers in the other parts of the social security system.

As in every educational venture, each participant will make different use of what he gets, for there is no such thing as the one ideal administrator and no ideal form of administration. Administration in public welfare, as everywhere else, is at its best the product of an individual's efforts to make the most effective use of himself in the executive role. That best will vary as individuals vary. What we can hope for in a social security institute is that it may provide a perspective and a setting for a closer integration of program and operations, of theory and practice, of philosophy and process. Its materials and discussions may contribute to the resources upon which the local administrator draws in strengthening the content of his leadership. It can thus play a part in the inspiration and security he offers to the personnel of his organization, the sense of vocational well-being expressed by the staff member who said, "Now we know what it is all about."

Staff Development: Use of Audio-visual Aids

By EILEEN BLACKKEY

TRADITIONALLY, social workers have relied on the relationship medium in the treatment of individual problems and in teaching workers and students. We have shied away from methods which we felt would expose the individual being helped and, though we may be less willing to admit it, the practitioner himself. Our profession is to be respected for its steadfast defense of the individual's right to privacy and protection in any revelation of his difficulties, and this is a principle to which the profession will unquestionably continue to be dedicated. However, a reexamination of our teaching methods both in educational settings and in on-the-job training could profitably be made without violating this worthwhile creed. If the use of additional media such as films and recordings will enable us to learn better and more quickly how to treat physical, emotional, and social ills, we have an obligation to the individuals needing help to develop these techniques.

My comments are drawn from the experience of one agency, the Social Service Division of the Veterans Administration, and represent a slight beginning in the use of some of these newer techniques in education. It should be pointed out that the Department of Medicine and Surgery, of which the Social Service Division is a part, has for four or five years been demonstrating the effective use of films, wire recordings, the one-way interviewing screen, and other visual or auditory techniques in the training of residents in medicine and psychiatry, trainees in psychology, student nurses, dietitians, and, to a lesser degree, social workers. In a setting representing multiple services which have a coordinated emphasis, such as are found in Veterans Administration hospitals and regional offices, many of the educational activities carried on by one discipline are

available to all others. To this extent, social work students and staffs participate in many of the auditory and visual educational programs carried on in hospitals and clinics by the various professional groups.

In the VA Social Service Division, as in many other large agencies, we have been confronted with the very real problem of developing and implementing in-service training programs which will assist staffs in some 190 field stations to become more effectively oriented to the total agency program, to develop more competence in relation to specific settings, such as medical and psychiatric, and to acquire more technical knowledge of the problem with which they work. We realize that our usual professional teaching tools of supervisory conferences, staff discussion groups, institutes, educational leave, etc., are still basic to an achievement of our aims. We feel, however, that through the use of more dynamic techniques we can accelerate some of these learning processes, provide in some ways a more stimulating learning experience, and realize an economy of both teaching and learning time.

In order to secure data for this discussion we asked 134 hospitals and 56 regional offices (which carry out-patient clinic responsibility) to describe their experience in the use of any such aids either directly or through participation with other professional groups in their local stations. Their responses indicate that a variety of techniques is in use, but since recordings and films represent a wider field of experimentation than any others, my discussion will be limited to these. In all instances the staffs reported keen interest and enthusiasm in the use of such media and asked that audio-visual aids unique to social work practice be developed.

As with our more tried methods of teaching, there are warnings, guides, and principles which must be taken into account in the application of these newer aids. These will be pointed out in relation to the particular experiments described.

1. *Recordings.*—In many hospitals and clinics considerable experimentation is going on in recording on wire or tape actual interviews or discussions as they are taking place. Staff workers and social work students have used this device in recording individual casework treatment interviews with patients. In all such instances

the patient is prepared in advance, and no attempt is made to record the interview if the patient objects. Interestingly enough, objection rarely occurs, and once the patient has overcome an initial self-consciousness in knowing that what he is saying is being recorded, the interviewing process continues on a natural basis. Sometimes the worker is the one who is uncomfortable. This may be due to a lack of familiarity with the device, or it may be a reflection of the worker's insecurity in interviewing. The recordings are either transcribed or played back or both, as a tool in teaching the interviewer how to improve his techniques. This has several advantages over the case record which is dictated in process form for teaching purposes. It eliminates the psychological temptations, conscious or unconscious, which operate in the preparation of case records for a supervisor, and makes possible the evaluation of such important elements as inflection of voice, of both worker and patient, pauses, pronunciation, and emotional overtones.

While it is true that this type of recording could not be done on any great scale, even its limited use offers an effective and much more realistic basis for assisting staff workers or students with a critical study of interviewing techniques and treatment progress. It can also be used to record an interview by a very skilled worker which can then become the basis for discussion with a staff or student group. Some staffs have commented that when records are played back for the instruction of a group, it is advisable to have the material in transcribed form as well. This strengthens the reception by providing simultaneously auditory and visual aids to learning.

Recorded interviews have in some instances been played back to patients themselves as a therapeutic aid in their treatment. This has been tried in our mental hygiene clinics where psychiatric consultation is available to assist the worker in interpretation to the patient or where the psychiatrist uses his own interview with the patient as a way of extending the patient's insight or helping him to see progress in his treatment.

A second use of recordings is in relation to student or worker supervisor conferences. In one hospital, for instance, where student training is being carried on, the school of social work and the hospital are cooperating on a study of the supervisory process. A wire

recorder is used to record regular scheduled conferences between the student and the student supervisor, and the records are used to analyze and improve supervisory techniques. Several community agencies training students have participated in this project, and all have found it an exceedingly dynamic approach to supervision. Supervisory notes, like workers' case records, can telescope or omit significant comments or interplay which this type of recording can preserve for teaching purposes. These new techniques are more easily praised than used, however. They call for a professional security sufficient to relieve the experimenter of fear of criticism. Obviously, recordings or films portray us as we are. There is nothing behind which we can conveniently hide. But if we can accept these media as a way of improving our own skills as well as teaching others, they should open up new and exciting vistas in professional education.

Recordings are also being used in various ways with groups. Several mental hygiene clinics report that case conferences with the consulting psychiatrist are recorded and used later for discussion with the entire staff. Group therapy sessions with patients under psychiatric treatment are frequently recorded. Careful preparation is made with the group in several sessions prior to the recording, and with few exceptions the patients have been interested and intrigued with the process. These recordings are used by all staff engaged in the treatment of the patients as a basis for gauging progress in treatment and evaluating methods in group dynamics.

Some social service staffs have experimented with recording staff meetings which are planned as part of an in-service training program. These are played back to help all staff measure the effectiveness of their planning, the movement in discussion, and the skills of group leadership.

Wire recordings have not as yet been used on a wide or extensive scale, but they have been tried in enough places to demonstrate their dynamic contribution to staff training and to the therapeutic treatment of patients. In general, we would make the following comments about our experience thus far with this type of teaching aid:

- (1) Verbatim recordings offer an authentic basis for teaching, and

they enable the person in the teaching role to relate professional guidance to the actual situation rather than as in the case of process recording in case records to a medium once removed from practice itself. Obviously, this is not feasible as a method of recording all casework activity. It is referred to here specifically because of the possibilities it offers for more direct and effective teaching of professional knowledge and skills. (2) The use of wire recordings can in itself be a learning process since it requires a willingness to demonstrate for others as well as for oneself and calls for objectivity in handling any criticism which may come from the supervisory person or the staff group. These same elements are present, of course, in our use of case records for teaching, but there is something much more revealing about the spoken word irrevocably recorded. (3) The uses to which such recordings are put is always a point for serious consideration and calls for an application of the same ethical principles as are now practiced with regard to other types of confidential data. The recording is not done without the understanding and participation of the patient or the student or worker, and the use of the material is restricted to treatment and educational purposes within the agency.

2. *Films.*—Films as a teaching or propaganda device have been in use for a long period of time, but their full potentialities for use by various professions are in many ways just beginning to be realized.

During the war years, the making of films was greatly accelerated through Army and Navy research and educational activity in relation to training of men and women in the service and the treatment and rehabilitation of those who were casualties. Since the war this type of film has been increasingly in production by medical and other professional groups, business firms, and citizens' organizations. Social agencies or social work groups have ventured into this medium, but there has been only a limited use of films in our schools of social work and in the training programs of social agencies.

The reports from VA hospitals and regional offices indicate that the social work staffs have benefited from participation in films shown by other professional groups in the field, such as psychiatry,

psychology, physical medicine, or vocational rehabilitation. The Social Service Division is now in the process of making a film which deals specifically with the content of social work practice.

It is important to describe here the ways in which films of related professions may be integrated advantageously with social work training in schools and agencies. In the orientation process in any agency there are areas sufficiently applicable to all employees which can be more interestingly and more economically presented through films. In an organization such as the VA where there are multiple services which must be understood and used by employees in many different divisions, films portraying the purpose and activity of various services have been highly successful as part of the orientation process. Joint participation of various services in such film sessions has the added advantage of providing an interchange of questions and comments between different staff groups in the same agency.

Orientation for student groups can also be heightened in interest and shortened in time by the use of films for the more descriptive and informational phases of the agency's program. Films employed for this purpose must, of course, be made in the agency itself since they portray the actual activities and functions performed. The initial cost of such a film may seem high, but the continued and extensive use to which it can be put and the economy of staff time in the induction process make it a worth-while investment.

In the VA some of the films more particularly adapted to this purpose are *This Is Worth Working For*, an introductory film on the VA shown to all new employees; *Recreational and Occupational Therapy*; *You Can Hear Again*; and *Rehabilitation of Chronic Neurological Cases*. All of these are interpretative and informational in emphasis and cover specific phases of the agency's work.

A second very effective use of films is in the area of increasing the knowledge and understanding of technical or scientific data on the part of staff groups whose jobs call for the use of such information. Perhaps the best illustration of this is in relation to illness. The social worker working with tuberculous patients, for instance, needs to refresh his knowledge of the disease and to keep pace with new developments in treatment and rehabilitation. In the VA, social

workers have frequent opportunities to learn more about the physical and mental illnesses and handicaps which confront them daily in their case loads, through viewing technical films made available to all professional groups on the staff. Some of these films have been made in the VA, but many are also available from other sources. Excellent films on such technical subjects as tuberculosis, cancer, surgery, neuropsychiatric disorders, and others are in constant use in the teaching of staffs.

The area in which there has been the least development in the making and use of films is that of the demonstration of skills and techniques in various types of professional practice. Industrial and business firms have done a great deal with this type of film as a way of showing employees how certain manual tasks are performed. Among professional groups, activities which lend themselves more tangibly to filming, as for example, surgery and some phases of nursing or dietetics, have been put on the screen for teaching purposes. It has been more difficult to film techniques which deal with interpersonal relationships and the movement which takes place in treatment of an individual's personal problems. The Canadian films, *Feeling of Hostility*, *Overdependency*, and *Feeling of Rejection*, give excellent portrayals of personality development and the changes resulting from psychiatric treatment. The therapeutic techniques responsible for these changes, however, are not so distinguishable, at least from the standpoint of teaching others the "how" of treatment. Nevertheless, these pictures are infinitely more dynamic in what they convey than lectures or discussions alone could be.

The film now being made by the Social Service Division of the VA offers further testimony of the difficulties encountered in capturing for the screen the intangible elements in casework practice. The film in production has two parts, both of which deal with interviewing skills in casework treatment. Although the making of such a film is difficult and time-consuming, we have from the beginning had the conviction that social workers must experiment with this medium as a way of refining their own professional skills and techniques.

There are two approaches to the making of such a film: one, the

filming of an actual interview as it occurs between the practitioner and the patient or client; and the other, the use of a prepared script based on a case situation but dramatized by actors. The film being made by the VA Social Service Division is of the latter type. The two interviews, one with a patient who is resisting surgery because of his fear of dying, and the other with a mentally ill patient who is being helped to plan for his hospital discharge, are based on actual case records, but the script for the films has been written by professional script writers with a great deal of painstaking technical consultation by a member of the social service staff. Interpretation of what we do as social workers and how we do it has always been difficult, but to convey to script writers the ideas, feeling tones, and professional skills involved in casework treatment interviews in such a way that they can be translated into an educational process on the screen is no simple task. Part of the burden for interpretation in the film can be carried by a professional commentator who highlights the major teaching points on a sound track as the film is projected, but this does not remove the necessity for having the script itself and the actors carry the basic responsibility for a convincing portrayal of what happens between two people in a treatment relationship.

Films are also invaluable as an educational device for patients themselves, and specific films have been made to teach patients more about their illness and the ways in which they can contribute to their own recovery. Films are used, too, as a tool in research, particularly in medical areas. These films, of course, constitute a useful by-product in the training of social work staffs.

In addition to the use of films with professional staffs, we have found that films geared to the tasks of other staff groups have paid high dividends. There are films dealing with the jobs of the receptionist and the telephone operator and some designed for clerical and secretarial staffs to help them improve their methods of work. These are eagerly received and achieve good results with a minimum of educational effort.

While films can offer a dynamic and interesting way of learning, they can also fail to teach effectively or can actually be destructive in their content unless some of our more tried educational methods

are used to support this newer medium. Even our limited experience with films thus far emphasizes this fact. There is sometimes a tendency to rely on the film as an end in itself and to make it carry the entire educational load for the audience. Skillful discussion leaders who are not only familiar with the subject but are also experienced in handling audience reaction and discussion are a "must" in the use of films. Like any other teaching device, films should be related to the composition of the audience and to what the meaning of the film story is to the work they are doing. An explanation leading up to the showing of the film and a discussion following it are recognized as essential to its successful use. Staffs have commented that audiences small in number and homogeneous or allied in interest provide a more favorable teaching situation than large audiences or groups with widely different interests. It is not always possible to arrange this, but it is a good point to keep in mind.

Several other very important guideposts are emerging from the experiences of various professional groups in the use of films. The selection of films in relation to the educational purpose for which they are to be used should be given primary consideration. This implies either having an opportunity to preview films as a way of determining their pertinence for use in staff training or having available a film manual which describes the films and indicates the educational purposes which they can serve. Film manuals have been developed by organizations engaged in the making of films and are readily available for reference.

A few of our staff groups have commented on the oversimplification which films give to the problems and processes portrayed and have felt for this reason that some of the films now in use are not sufficiently advanced to meet their particular staff training needs. This raises the question of whether in these instances too much reliance was placed on the film itself, as was pointed out earlier. Undoubtedly, one of our major tasks if films are to be used will be to assist staff members having responsibility for training to become competent in this type of discussion. With more understanding of these techniques, it should be possible to use any film regardless of its simplicity or complexity as a springboard to group participation

and discussion. The film, in other words, becomes a point of departure rather than a complete educational experience in itself.

Film-making, like recording, involves a consideration of ethical principles. This is not an issue when films are made from disguised case material, but it does enter into the filming of actual situations. In the VA's experience with making movies of individual patients or groups of patients in our hospitals or clinics, we have met with very little resistance on the part of those asked to participate. The interpretation to individuals or groups being filmed is done carefully and adequately, and their cooperation is solicited as a way of helping others who are ill. The question of how widely the film is to be used is one which must be taken into account, particularly when it is a film which could advantageously have an extensive circulation among professional and lay groups. In several papers given on this subject before the American Orthopsychiatric Association in 1950 there was a great deal of discussion on this point, and it was contended by some of the discussants that a signed release should be obtained from the individual or his family for permission to make the film, or at least for permission to show it beyond the immediate group concerned with its initial use. Films have been made, for instance, of group therapy sessions with children and with adults, illustrating various stages in their treatment. These films are extremely valuable in teaching trainees and staffs, and while there is some feeling that psychiatrists, psychologists, social workers, and other practitioners often presumed a resistance on the part of patients or relatives which may not really exist, it is generally agreed that we need to move as cautiously and thoughtfully in this area as we have in relation to all other confidential information gathered about people who are receiving professional services. Experience thus far, however, has indicated that such precaution need not interfere with the development of films for teaching and research purposes.

Out of our exploration of some of these newer methods of teaching and learning, I believe our staffs would be in general agreement on several conclusions:

1. Social work has not kept pace with other professions in experimentation with these newer educational media.

2. Audio-visual aids are graphic and dynamic and should be added to the tools we have already developed in staff training.

3. Any such development in social work training would call for concentrated study of the most effective methods and techniques in adapting these media to our own profession.

Administration as a Component of Professional Social Work Education

By DONALD S. HOWARD

THE LAG IN THE DEVELOPMENT of courses in social work administration is the more remarkable because of the fact that practically every graduate of a school of social work goes into an administrative agency; because of the rapidity with which trained workers, due to the shortage of qualified personnel, move up from the ranks and into positions of administrative responsibility.

There are, of course, understandable reasons why administration is the stepchild among a school's various sequences. Students specializing in administration are usually thought to require a greater degree of maturity and experience than most students have attained; the number of students admitted into sequences in administration is therefore small; personal qualifications, the necessary skills, and the fields of knowledge needed for administration have been less carefully defined than have those for other fields of social work practice; finally, experienced administrators (who, in the absence of professional teachers of social work administration, must be relied upon) frequently do not make good teachers and, even if they are interested in teaching, often command salaries which are difficult for schools to match.

Notwithstanding the position of administration in the curricula and notwithstanding the fact that many important administrative posts in social welfare agencies are filled by persons from outside the field, graduates of schools of social work, increasingly, are making good records for themselves and the profession in important administrative positions. At the moment, no fewer than seven—probably the largest number in the history of the country—of the administrators of state departments of public welfare are professional social workers. Although professional social work education cannot

take credit for such outstanding administrators as Harry Hopkins, Aubrey Williams, William Hodson, Ellen Potter, Mary McDowell, Grace Abbott, and Julia Lathrop—to mention only a few of many leaders who antedated professional education—one cannot but wonder how far their experience as social workers may have contributed to their effectiveness as administrators. Presumably, if our schools could capture this professional component and build it solidly into their curricula they could go far toward helping their graduates to achieve even more notable administrative successes than those of their forerunners.

While many of our colleagues have attained outstanding success as administrators, social workers often refuse such responsibility even when it is offered. This they have done because the proffered jobs were thought to be too "political" in nature; were frequently more subject to public criticism and therefore promised less security than did work in lower administrative echelons; required a type of training different from that which the workers had received; required personal qualities quite different from their own; failed to give the same personal and professional satisfactions that workers had learned to value for themselves. Just as schools of social work can help to improve the competence of students looking forward to administrative positions, so also can they (without, of course, implying that every social worker should be an administrator) help other students carefully to appraise themselves and the needs of the field before deciding against entering administration.

Despite the success attained by many social workers as administrators, there is much unthinking criticism of the alleged "inefficiency" of social workers in general. To certain critics even the term "administratively competent social worker" appears to be self-contradictory. Social workers, these critics have said, are not interested in "efficiency"; are so engrossed in their broader objectives that they are careless about details of orderly management and administrative procedures; become so concerned over individual and "exceptional" cases that they cannot see the forest for the trees; devote so much time and effort to the process by which something is done that their objective is often lost from view. That criticisms like these are not uncommon was painfully evident during the re-

relief investigations in Maine, New York City, Baltimore, and other areas in 1948-49.

These attacks, however, proved little because the standards of "efficiency" by which the critics allegedly measured the performance of public assistance administrators were themselves subject to question. Moreover, in New York City when the archcritic of the efficiency with which the Department of Public Welfare was being run was himself permitted to try his hand at it, his regime (during which confusions were further compounded) proved to be short-lived and ended in inglorious retreat.

Among all the criticisms of social workers in administrative posts one seldom hears that, within the limits of the usually inadequate resources available, they fail to give prompt and humane service to those who call upon them for help which, after all, is their primary responsibility. The charge usually is that administration by social workers is not "efficient." Efficiency, however, must be measured in terms of purpose. In thinking of administration, one must consider not only managerial "efficiency," but the broader social purpose of an agency; must balance long-term against immediate advantages (as, for example, the present apparent saving of tax funds as against longer-range economies of family life, child welfare, or prevention of delinquency), and must remember that although the democratic administrative processes of the social worker might appear to be slower than authoritarian methods, the apparent speed of the latter, especially over the long run, is illusory.

When in the relief investigation in Baltimore it was charged that the Department of Public Welfare was run more like a school than an administrative organization, one could not but wonder whether the Department's efforts to enlist the understanding and cooperation of its employees might not prove more "efficient" than whipping tactics that might have commanded quick—but blind—obedience.

Administration is here interpreted to mean a blending of substantive knowledge with the art of human relations directed toward the formulation of the objectives of a particular organization, toward the development of policies (within limits prescribed by the appropriate legislative or other policy-making body with the coun-

sel of the administrator) and their application to realize these objectives, and toward the mobilization of personnel and material resources to achieve them. To some observers this emphasis upon the art of human relations may appear to belittle the role of the administrator characterized who, in their eyes, is "the Boss," typified by the big-time operator, by driving energy, quick decisiveness, and ability to talk on two phones at the same time.

So long as administration was regarded primarily as keeping organizational wheels running smoothly it was thought that "pure" "administrators" familiar with wheel-greasing in any one setting were equally competent to keep wheels turning in virtually any kind of setting. However, as administration began to emphasize the importance of policy formation and of the particular problems that might be encountered in putting any given policy into effect, the more the weight that was attached to substantive knowledge of the field in which administrators served.

If, as commonly believed in the social welfare field, administrative policy in a democracy must not only be based upon expert knowledge but must also reflect the will of the community to be served, then knowledge and skill required democratically to arrive at policy decisions must be regarded as essential components of the administrator's competence. Thus, the skilled administrator requires competence in group and intergroup processes, community organization, social welfare planning, and social action—all of which social work is proud to acknowledge as being within its arsenal of abilities.

Enlightened administrators and students of administration (as, for example, Follett, Urwick, Metcalf, Tead, Barnard, Lilienthal) are now placing upon human relations far more importance than was previously attached to them. Modern administration sees its task much less in terms of orders, directives, and top-down management than as a two-way process by which largely self-directing individuals and groups together define how an organization's objectives may, from time to time, best be attained and then, as necessary, redefined and the new objectives achieved.

Thus, if we look closely, we find that one secret of the success of an administrator is his capacity for communication and for human

relations. After all, an administrator with his own hand performs only an infinitesimally small proportion of all the work that he does. Even if he wants quickly only a pencil or a piece of beaverboard, whether he gets it or not, whether or not he gets it promptly and where he wants it, and whether or not he gets the right kind when he does get it, depends upon his powers of communication and of relating himself to others. If there is no beaverboard in the storeroom or elsewhere close at hand, the very manner in which the administrator asks for it and the way his staff feel toward him may determine the imaginativeness and energy the storekeeper chooses to invest in somehow getting his hands on the desired material in time for its use as intended. Similarly, the administrator's personal attitudes and his tone of voice as he asks his secretary to convey a message to some other member of his staff may largely determine the manner in which she carries out her assignment and, in turn, the response which she evokes. In short, an administrator's success is largely determined by the "climate" he can help to establish and in which the staff can do its best work. This climate is one in which even the humblest worker is made to feel important, is treated with dignity and respect.

If the task of administration is seen in terms such as these, one easily sees why social workers, who know so much about human nature, make good administrators and sees, too, how snugly administration fits into the family of social work skills.

To say that administration is an art will appear to many to be a too-timid view. Other (but, by our book, less knowledgeable and less realistic) claimants speak of the "science" of administration and of "scientific" personnel management. To those who know most about human nature and human relations and who therefore know how much is still hypothesis and art, these pretensions seem to claim too much.

Emphasis here placed upon human relations may suggest that all administrators, regardless of what they administer, might well be trained as social workers. While such an inference goes far beyond the intended implication, social workers in all modesty may claim to possess transmissible knowledge, skills, values, and attitudes which could be of inestimable benefit to administrators regardless

of their fields of special interest just as they have already proved to be helpful to nurses, physicians, judges, and others whose professions heavily involve them in human relations, in group and inter-group processes. Thus that hardy perennial among subjects for heated debate, namely, the question as to whether it is better for a social welfare agency to be administered by a social worker or by a "pure" administrator, would seem now to be superseded by the question of what social work has to contribute to administration, broadly defined.

The social worker trained in administration not only possesses knowledge, a value system, attitudes, personal qualities, and skills which are indispensable to the development and application of policy and which therefore make him a more skillful administrator, but also gives his professional colleagues a sense of security through assuring them that in setting high policies, in making administrative decisions, in deciding upon administrative tactics, and in interpreting (often under fire) to the public, to legislators, or others the needs and policies of his organization, he will give weight to the various professional considerations which they too would regard as being important if they were in his position. Moreover, firsthand knowledge of the substantive field in which he is engaged gives an administrator himself a sense of security *vis à vis* his colleagues who, if he were not versed in the ways of the profession, might constitute a very great threat to his own peace of mind.

If what is here presented has validity, then it would appear that the administration of social welfare services is, by its very nature, part and parcel of the social work profession. True, the weighting of certain values, the relative importance of particular processes, the degree of dependence upon special areas of knowledge, may, for the administrator as opposed to other practitioners, differ within narrow limits. However, to say that administration represents one side of a coin and practice the other is to carry the difference too far. Both have much more in common than have a buffalo and an Indian head. A better analogy would be a piece of brocade, where the threads on both sides are the same and the pattern the same, though the high lights on one side may be the low lights on the other.

This unity of administration with other aspects of the social work field is not something that is taught in any one class. It is rather something that pervades an entire curriculum. Courses in psychiatry should help students understand human nature and its learning processes, not only as found in clients, but as found also in themselves and in others who will be their administrative colleagues. Just as it is important to know that mothers sometimes want to "hold on" to their children—and why—so also is it important to understand why some supervisors and administrators "hold on" to workers under their jurisdiction. Similarly, throughout a course on the social implications of illness, little asides here and there can help to remind students that their administrative colleagues, like their clients, are human too; that they have the same strivings and frustrations; enjoy the same satisfactions and are subject to the same illnesses as the persons they serve. If this sounds like a presumptuous truism, one needs only to recall from his own experience social workers who treat with consummate understanding the unmarried mothers who are their clients but who turn with ill-concealed annoyance upon their erring secretaries, whose clerical mistakes, though far less grievous, also need to be "understood" and "accepted."

In so-called "skills" courses, again, the unity of administration and other social work methods can be constructively emphasized. The concept of acceptance, for example, is as important to an administrator as to a caseworker or social group worker. Respect for individuals and for the rights of individuals and groups to come to their own decisions and, so far as possible, to retain control over their own lives is also as important to an administrator as to any other social work practitioner. Thus instructors of methods courses, when emphasizing a particular truth as related to one field of practice, might well interject now and then an observation as to how the facts under discussion relate also to other fields.

Only through such processes of cross-fertilization of various fields of study can the real genericalness of all areas of social work practice be appropriately emphasized. In fact, the more we analyze our social work brocade and work at the problem of what one so-called "social work skill" can contribute to another, the sooner we may

come to see that what we have is not a series of separate skills (case-work, social group work, intergroup work, social welfare planning, administration and research), but a unitary and wholly generic social work skill which may, however, be somewhat differently applied to work with individual groups, communities, or administrative organizations just as it may be somewhat modified to particular settings, as, for example, hospitals and clinics, courts, schools, or vast income-maintenance services.

Already attention has been called to certain implications that this view of administration has for curriculum building. How far and how fast these implications may be explored will depend upon the fruitfulness of experiments and upon what they tell of the validity of the underlying assumptions.

One problem of preeminent importance to which, in my opinion, curriculum builders concerned with social work administration must give careful attention is that of the focus of a school's basic course in administration. Traditionally, these courses have been taught with a view to preparing students for service as administrators. This focus, however, seems unrealistic and premature for the great majority of graduates of schools of social work notwithstanding the rapid rate of advancement of many trained workers. It is my opinion that the first course in administration in a school of social work should be taught not with a view to preparing students for administrative and managerial jobs so much as to help them to understand organizational structure, operating principles, and administrative processes with which every last one of them will be concerned the moment they begin work (even field work) at however humble a level in a social welfare agency. If one may be allowed to play with words, the emphasis would be upon administration, not from the point of view of the administrator, but from that of the "administratee"—a "worm's-eye-view" of administration, so to speak.

For a profession that has done so much to help its practitioners understand their role *vis à vis* psychiatrists, physicians, judges, and school authorities, it is almost incredible that more has not been done to help social workers comfortably to relate themselves to administrators (particularly in large agencies), to budget directors,

comptrollers, legal counsel, auditors, administrators of merit system and civil service programs, and similar administrative officers. While work in bureaucracies has obvious, vexing frustrations, it has also its fascinations. Among these are the opportunity to engage in really large-scale operations, access to vast resources, and the consequent ability to serve large numbers of persons. Students, unfortunately, are seldom helped to see these assets and are therefore not conscious that even in large bureaucratic agencies there are rewards which more than counterbalance the all-too-apparent limitations which, largely, are part of the price exacted for the opportunities presented.

If, as modern students and administrators assume, administration is a two-way process, it is important to help students (who for a long time are likely to be administrative employees directly concerned more with the bottom-to-top than with the top-to-bottom aspect of this process) to understand it and know how to meet their responsibilities in relation to it.

While many of the subjects appropriately discussed in a beginning course in administration may well be the same as those discussed in the more traditional type of course, the focus, as suggested earlier, should be different. Organizational structure might be discussed, but not from the point of view of the administrator so much as from that of what operating-level workers have a right to expect in the way of opportunities to enable them "to do a job." Financial and statistical controls might also be discussed, but with emphasis upon the role of operating personnel for the maintenance of such records and upon the use and importance to them of the statistical records and reports maintained. Policy formation may also be presented, but to show how operating personnel have responsibility and opportunity to participate in policy-making. To take but two additional examples, public relations and research might be touched upon so as to show how even the humblest worker in an organization may contribute to these important functions.

These emphases, obviously, involve not only "information" and "content" but skills, too. It is therefore to be hoped that all students—whether their placements are in casework, social group work, or community organization—may, and probably simultaneously, have

field work experience in such aspects of administration as have here been suggested. Such field work should help students, not only to acquire facility in working in administrative settings, but also to grasp more fully the content of classroom discussions of administration.

If this objective is to be realized, field work agencies will need from the schools special help in discovering how field work in administration may be made available concurrently as a natural concomitant of whatever other field work is being provided. Some few agencies perhaps may even need help in themselves seeing administration in modern terms as a process in which their entire staff, as well as field work students, should have opportunity to participate. In addition, schools for a long time to come will probably have to arrange "laboratory work" or "clinic experience" in administration (somewhat more intensive than "observations" and less formalized than field work, but nevertheless real opportunity to learn by doing) to supplement what field work agencies can supply as part and parcel of field work opportunities in other fields of practice. Again, as experience is gained in this area it may be found that field work, especially in the first year (and supplemented, perhaps, with laboratory and clinic experience), may, regardless of the setting in which it is provided, tend to become field work in generic social work rather than in only a narrow so-called "specialty."

Further problems confronting persons responsible for courses in social work administration are those pertaining to the content of any sequence that might be established for students desiring to specialize in administration. This, in turn, raises questions as to who will be admitted to the sequences and who will teach them.

Much needs to be done to ascertain whether the personal qualities thought to contribute to success in casework (and to some extent in social group work) and which seem usually to govern admissions to schools of social work are, in fact, the qualities most likely to assure success in the field of administration also. If not, then what qualities should be sought in persons who are permitted to specialize in administration? Could it be that the preponderance of emphasis historically placed by our schools upon casework and upon learning through close supervision has resulted either in failure to

recruit, or in deliberate inadvertent exclusion of candidates who might have become dynamic administrators and leaders but who did not promise success as caseworkers or social group workers? Also, what practical experience and what evidences of administrative ability and capacity for leadership shall be required of students to be admitted to the sequence?

The fact that students specializing in administration are often older and more experienced than the other students suggests that the qualifications of those who teach administration may need to be even higher than those for teachers of other sequences. This is, however, a requirement difficult to fulfill. In fact, partly because of the small number of students specializing in administration and, in part, because experienced and skilled administrators, who (in the absence of professional teachers of social welfare administration) might be desired as instructors, often can command salaries in excess of those paid in universities, teachers of administration are often employed on a part-time basis only. However, even if employed full time, those who teach courses in administration often do so almost as a side line. Only when instruction in courses in administration attains a level commensurate with their tremendous importance to the social welfare field can schools of social work be permitted to believe that they are at last on their way toward meeting their responsibilities in this area.

The problem of the content of courses included in any sequence in administration poses difficult questions: Should students admitted to the sequence take all the courses required of students preparing for jobs at operating levels? If not, what can be omitted? If more is required, of what should this consist, and how much longer than two years would be required to complete the sequence?

To answer these questions, reference must again be made to the "pure" administrator as opposed to one having substantive knowledge of the field in which he serves. The present writer readily confesses to a strong bias in favor of social work administrators having professional competence as social workers. One way to test this assumption that generic social work training is indispensable to the training of social work administrators is to scrutinize the skills, knowledge, attitudes, personal qualities, and system of values

which are thought to be important to any social worker and then to see which of these might be omitted from the course of study of a worker preparing for administration. If my experience (or that of a seminar which has discussed this matter) is any criterion, the answer is that very little, if anything, required by social workers as a group can be left out of the training of administrators. If, for the little that might conceivably be omitted, one were to substitute advanced courses in administration, then one would be in danger of providing too little grounding in administration. Such a deficiency would, of course, reduce the margin by which students completing such a sequence might be regarded as superior (even as a social work administrator) to public administration or other majors in "pure" administration who, though having considerably less knowledge of professional social work would have more knowledge of administration.

The writer does not pretend to know whether there is the same overlap between the skills of a physician and those required for hospital administration as there is between the skills of a social worker and those required for social welfare administration. He suspects, however, that the overlap in the social work field is much greater. Consequently, he is not much moved by arguments that, because hospital administrators need not be doctors or because school administrators need not necessarily have been trained as teachers, social work administrators need not be trained as social workers.

If the administrator is, in fact, to serve as a leader of his staff, a leader in social welfare planning and in community action, there are many things (such as the legal aspects of social welfare administration, the economics of social welfare, criteria for the development of social welfare programs, the social welfare systems of other countries, as well as additional information about economics, political science, history, and even more social welfare history than the average student might take) which, however interesting and useful they might be to others, would be indispensable to administrators. This suggests that the curriculum for social welfare administrators probably cannot be covered in the two years required for the training of other practitioners.

Whether another six months or an entire year would be required can be ascertained only after experimentation. Much will, of course, depend upon the extent of a student's operating level and administrative experience and upon when, in relation to his two-year curriculum, this experience was gained. As the number of students receiving G.I. educational benefits declines perhaps it is not too much to expect that the Federal, state, and local governments may embark upon an extensive and concerted program of educational leave to permit promising civil servants to improve, through educational experience, their capacity to serve their fellow men. Unless some such program is effectuated, one might wonder whether there would be an adequate supply of experienced candidates to meet the urgent need for competent administrators having a fundamental knowledge of the field in addition to special training for administration.

Still another factor that would greatly affect the length of the sequence in administration would be the discovery of field work placements which would afford substantial opportunity for experience in administration as well as in other aspects of generic social work, thus foreshortening the time now required to learn one particular skill (usually casework) before embarking upon field work in administration. Should the sequence in administration run to as much as three years, this regimen would, of course, make heavy demands on students of administration and would prove costly to schools.

In conclusion, I firmly believe that, over and over again, appropriate emphasis upon a sequence in administration will pay enormous dividends in the form of more creative leadership and a speedier realization of that hoped-for day of greater social and economic freedom and justice for all.

Implications of Research in Group Dynamics

I. CURRENT DEVELOPMENTS IN GROUP DYNAMICS

By *LEON FESTINGER*

GROUP DYNAMICS is a troublesome term. In one way or another we have been bothered by it ever since we started using it. Both the word "group" and the word "dynamics" have come into vogue and are used separately and together with many different meanings. The long and short of it is that when one hears the phrase "group dynamics" one is left quite uncertain as to what the speaker means.

Sometimes it is used to refer to an area of research, sometimes to aspects of group behavior, sometimes to problems and techniques of leading groups and running conferences. This amount of semantic confusion has led to a relatively undesirable state of affairs where to some the term "group dynamics" is an emblem around which to rally, while for others it is an object of attack.

Yet the Research Center for Group Dynamics has continued to call itself by that name because, basically, it expresses very well the intent and purpose of the Research Center, namely, the study of the forces underlying the behavior of groups. It will be my endeavor to explain what it is that the Research Center for Group Dynamics does.

I am not a social group worker or a community organization worker and consequently I know very little about social group work and community work. I am a psychologist by training, now spending most of my time doing controlled laboratory and field experiments on questions concerning the behavior of groups, the relationships among groups, and the like.

However, I am really representing the Research Center for Group Dynamics, which was originally established at the Massachusetts Institute of Technology in 1945 by the late Professor Kurt Lewin, and is now at the University of Michigan as part of the Institute for Social Research.

The Research Center is an organization consisting of about twenty persons most of whom are social psychologists, some of whom are sociologists. There are two major emphases in the activities of the Center. One of these is on the training of graduate students to teach and do research in social psychology and group behavior; the other is on doing research on problems of group life in all of a variety of contexts. The studies of the Research Center for Group Dynamics are conducted in the laboratory, in community settings, in industry, in workshops, and in other kinds of organizations. By working on the same problems in such a variety of settings, it is hoped that we will more quickly discover some of the general relationships which are important to an understanding of groups and of persons in groups.

The areas in which we are working have only begun to be explored; the science which we are trying to develop is only at its barest beginnings. (I use the term "science" here because we are trying to accumulate a body of facts and a set of laws by means of systematic measurement and variation, even though at the present stage, much of what we do is relatively imprecise.) Major important fields within the general area are at the present time completely undeveloped.

Our knowledge in the few areas where we have already made progress will, when summed up, undoubtedly be disappointing to the practitioner who asks, "How can these things help us in the work we have to do?" The practitioner will find that he has many more problems and many more questions than we have solutions and answers.

The practitioner has a right to be impatient with the progress of research and to be impatient with the fact that the research which is being done, does not, perhaps, immediately answer his pressing problems. These problems which confront him in the course of his

work must somehow be solved. The practitioner does, and of course must, go ahead on the basis of his own knowledge and his own experience when research and facts cannot tell him what is the best thing to do.

The gap which exists between the work of the researcher and the work of the practitioner is not a welcome and desirable one from any point of view. The Research Center for Group Dynamics is very much concerned with the problem of the application of its research findings and, wherever possible, tries to stimulate such application and tries to do research on the successfulness of the application. Such a program has two desirable effects: first, it helps to establish communication between the researcher and the practitioner, and secondly, it helps make the researcher aware of the problems of the practitioner.

The researcher and the practitioner generally tend to judge the importance of problems from somewhat different points of view. The researcher considers the problem important if it seems to involve an essential point in his theories or if it seems to settle some especially perplexing point of interpretation. The practitioner sees something as important if it helps him to overcome some of the major difficulties in carrying out his work.

Thus, it is quite usual to find research being done which helps to answer problems which the practitioner considers trivial or which does not even immediately answer any of his problems. We may hope, however, that by interesting ourselves in the application of our findings we may bring closer together the questions which we as researchers ask ourselves and the questions which practitioners ask themselves.

In a few areas we hope that the knowledge which we have already accumulated in our research can help the practitioner. Such application, however, is not a simple and straightforward affair and, I am afraid, never will be. How and where our findings can help must be worked out carefully between researcher and practitioner on the basis of a good realistic understanding between them and a co-operative interest in bridging any gaps which exist.

All of this has really been introductory to some examples of the

work of the Research Center for Group Dynamics. I have chosen to discuss three areas of research in which we have been involved. I have not, of course, chosen these at random. I have chosen them from a large number of areas in which we have done research because I have a vague hunch that in these areas you may be able to find something of which you can make use. Whether or not I, in my ignorance of your problems, have "hunched" correctly or incorrectly, you can best determine.

The first problem area concerns the development of group standards in small, face-to-face groups. For a long time we have known that small, face-to-face groups do develop and maintain standards, and that pressures toward conforming to these standards are exerted on the members of the group. Many persons have felt that such group standards and their self-maintaining character are responsible for many of the difficulties one encounters in trying to change the behavior of groups or in trying to change the behavior of individuals in these groups. It also seems that the process by which these standards get set up and maintained is an exceedingly subtle and elusive one.

Our research in this area has centered on trying to describe the process by which influence is informally exerted and trying to discover some of the factors affecting this process. We asked ourselves, in sequence, a number of questions.

First question: When pressures toward uniformity exist in a face-to-face group and upon whom specifically are these pressures exerted?

This question is rather difficult, if not impossible, to investigate in an actual situation, but is relatively easy to study in the laboratory where we control conditions fairly well and can easily observe the whole process of communication and influence which goes on in the group. A laboratory experiment was, consequently, designed to investigate how the magnitude of difference of opinion among members of the group and the strength of the pressures toward uniformity affected the exertion of influence. The experimental design was essentially very simple. A number of people who volunteered for this experiment were brought down to the laboratory together and, after being seated at tables arranged in a circle, were given a

problem about which they were asked to form opinions. The problem for the group was to make a decision about what kind of treatment would be best for a specific case of juvenile delinquency about which they knew. They were then asked to carry on a discussion about the problem by writing notes to whomever they pleased about whatever they chose. Their opinions on the matter and changes in their opinion were indicated to everyone in the group by placards which the member stood up in front of him in full view of all the other members of the group. Some groups were given instructions which produced very strong pressures toward uniformity; other groups were given instructions which produced fairly medium pressures toward uniformity; while in other groups only weak pressures toward uniformity were produced. These differences in pressure were accomplished by varying, in the instructions, the amount of agreement that the group was required to reach.

The topic for discussion and the information they were given concerning this topic were chosen so as to produce, invariably, quite a spread of opinion within the group. We were then able to observe and record to whom people addressed communications which were designed to exert influence, what differences existed for different degrees of pressure toward uniformity, and how much change in opinion was actually accomplished by such a discussion in a face-to-face group.

The results of this experiment can be summarized as follows:

1. Within one's own psychological group, that is, within the group which the person accepts for himself, communications and influence attempts are directed mainly toward those people whose opinions are most different from those of the person communicating.
2. As the pressure toward uniformity in the group increases there is a corresponding increase in the proportion of the influence attempts that are addressed to those holding extreme opinions.
3. As one might expect, with influence being exerted mainly on those holding different opinions and with this exertion of influence increasing when the pressures toward uniformity increase, more change toward uniformity was accomplished under strong pressure than under weak pressures toward uniformity.

It seems, then, that in such small groups, where the members accept the group as their own, effective influences are exerted toward uniformity by a process of pulling the extreme opinions in toward the middle.

Let us then proceed to the second question: What governs how effective the exertion of influence will be; that is, how much change will be produced in the recipient of the influence attempt? Some of the factors relevant to the effectiveness of influence can be studied both in field and laboratory situations. I will give an example of each of these types of study and some of the insights we obtained from them.

One study, performed in a housing project for married students, had as its main focus the study of the determinants of the formation of social groups within the housing project and the development of group standards within these social groups. I will skip over the very interesting determinants of group formation which we discovered because that would be somewhat of a digression. Let it suffice to say that within this housing project community rather distinct social groups formed and were maintained. During the course of our study the residents of the housing project spontaneously started a tenant organization. It very quickly became apparent that the residents of the housing project were not reacting to the tenant organization as individuals but as members of groups. There was great uniformity among the members of the same social group with respect to their attitude toward, and their participation in, this tenant organization, while large differences were found from one social group to another.

We were able to discover one major factor which determined how uniform were the attitudes and behavior about the tenant organization within any social group, that is, how effective a group standard concerning this matter was the group able to set up and maintain.

Reasoning that the stronger the attractions to the group, that is, the more the member wanted to remain in the group, the more easily would the group be able to influence his opinions and his behavior, we examined the relationship between the attraction of each group to its members and the amount of uniformity in attitude and behavior among its members concerning the tenant organiza-

tion. Indeed, a very high relationship was discovered between these two variables. The more attractive the group was to the members the greater was the amount of uniformity which existed among them.

Not content with this result, which is not completely conclusive because of the many possible variables which always may, and sometimes do, affect such field studies, a laboratory experiment was designed to check the finding under controlled conditions. It is not feasible to go into detail concerning the exact technique of setting up this experiment, but perhaps it will be enough to say that we were able to set up conditions where different groups had different degrees of cohesiveness and where different opinions among the members of a group led to a process of influence among them. "Cohesiveness" here is being used as a shorthand term to refer to the total attractions acting on members to make them want to remain in the group. It is important to emphasize that the different degrees of cohesiveness and the differences in opinion which existed were experimentally created so as to rule out the possibility of other unknown variables operating.

Our findings from the study of the housing project community were confirmed. The more cohesive groups successfully exerted considerably more influence on their members than did the less cohesive groups. Other results from this experiment gave us some understanding as to why this happened. In general, there seemed to be the following factors operating.

1. The greater the cohesiveness of the group the more do the members try to exert influence.
2. The greater the cohesiveness of the group the more ready are the members to change their opinions in response to group pressures.
3. The more cohesive the group, the more important is conformity to the members when conformity becomes a relevant matter.

The results so far clearly point the way to question three: How does the group behave toward the nonconformer, that is, the person they do not successfully influence? In the study of the housing project there was some evidence that nonconformers tended to become relatively unpopular with the members of the group to

which they belonged. From our theories concerning the process of influence, the conditions for effective influence, and the reasons for a group desiring uniformity it was fairly clear to us that two variables would probably have considerable effect on whether or not the nonconformer tended to be rejected by his group. These variables were the cohesiveness of the group and the relevance to the group of the issue on which the nonconformer disagreed.

Another laboratory experiment was designed to test these theories. In these experiments paid participants were used (unknown to the actual subjects) who voiced very divergent opinions and refused to be influenced. Groups of different degrees of cohesiveness were experimentally produced, and in different groups different issues having different degrees of relevance to the group were discussed. In line with our hypotheses we found that (1) the more cohesive the group the stronger was the rejection of the nonconformer; and (2) the more relevant the issue was to the group, the stronger was the rejection of the nonconformer.

Other results of this experiment also contributed to our understanding of the process of rejection. In general, once pressures toward uniformity are set up in a group, three simultaneous, concurrent processes develop: (1) attempts to influence those whose opinions are different from one's own; (2) a readiness to be changed by others in the group; (3) a tendency to reject those whose opinions are different from one's own. The interrelationships among these three processes lead to results of changing group composition, changes toward uniformity within the group, and use of the group as an anchorage for opinions and behavior patterns. More work in the future will be necessary further to develop our understanding of these processes, but the beginnings have been made.

As you see, we concerned ourselves with these problems from a purely theoretical point of view. The questions we asked ourselves and attempted to answer were phrased in a rather abstract manner. Concepts such as communication, cohesiveness, and exertion of influence became key variables.

These same processes, however, may have a bearing on the problems which social group workers face. Perhaps, approaching the

problem somewhat differently, you have even arrived at some of the same concepts; or perhaps some of our concepts may suggest new ways of looking at certain problems. It is also, of course, to be hoped that our findings can directly help you to answer questions in your own field.

Another major area in which the Research Center for Group Dynamics has been concerned centers on the problem of the perception of productivity and prestige in small, face-to-face groups; that is, what are the determinants of whom people see as productive group members and who acquires prestige in a group?

The studies which have been done by the Research Center for Group Dynamics in this area have mainly been in actual real life settings. One major research project has been carried on in connection with the annual summer workshop conducted by the National Training Laboratory for Group Development at Bethel, Maine. These studies, attempting to get at the determinants of group productivity in a very complex setting, have begun to establish some of the factors which determine when productivity in others is perceived.

In discussion groups, such as are formed in this workshop setting, members' ratings of the productivity of others are almost exclusively determined simply by the volume of contributions which a member makes to the discussion. This is somewhat surprising and disturbing since we all imagine that productivity is related more to the quality of contribution to a discussion rather than to quantity. The results, however, are clear and consistent.

This type of relationship between volume of activity and perception is borne out by research which has been conducted in a different setting. A research project in a summer camp which concerned itself with the determinants of influence and contagion among members of a group gathered data on the camp members' perceptions of the relative prestige of other camp members and also gathered observational data on how many attempts camp members made to influence the behavior of others. The results once more are quite clear. Those people who are perceived by others as having high prestige are not more successful in influencing others; that is, there is no relationship between the prestige that others see in

them and what percent of their attempts at influence are successful. There is, however, a high relationship between the prestige ratings that people get and how many times they try to influence others.

This is a provocative relationship which is now in the process of being tested by well-controlled laboratory research. If this relationship holds up it will be safe to conclude that perceptions of productivity and prestige in others seem mainly related to the volume of their activity rather than to the effectiveness of their activity. Insight into why this relationship exists should also provide indications of how such perceptions can be changed and be made to depend on more qualitative criteria.

Another area of research at the Research Center centers on relations among different groups. Such questions as the extent to which people react to others simply as group members rather than as individuals and what are the results of misperceptions concerning other groups are of obvious theoretical and practical importance. A number of studies have been conducted in an attempt to supply some answers to these questions. Let us take them in some kind of sensible order and see how they sum up.

Question 1: How does knowledge of another person's group membership or affiliation affect one's attitude and behavior toward that person? This is indeed a very broad question, but some experimental results exist in relation to it. A laboratory experiment was designed to see the extent to which knowledge of group affiliation affected the relations between Jewish and Catholic girls. Laboratory groups were formed which were composed equally of Jewish and Catholic girls who, in order to organize a club, proceeded to elect officers. Some elections were conducted without anyone knowing the religious affiliation of anyone else in the group, while other elections were conducted with this affiliation known. In small groups of ten girls it was found that, without knowledge of religious affiliation, votes of Jews and Catholics were evenly distributed for both Jews and Catholics. As soon as religious affiliation became known, however, Catholic girls voted significantly less often for Jewish girls, although Jewish girls continued to distribute their votes evenly.

Other experiments threw additional light on the processes in-

volved. When such club elections were conducted in a large group of about fifty girls where only the candidates for office were identified as to religion, but the girls doing the voting remained anonymous, both Jewish and Catholic girls voted more for members of their own group after the affiliation of the nominees was made public. In short, the knowledge of the religious affiliation had a pronounced affect on preferences and aversions as reflected by voting, but in some cases this preference did not find public expression when the person having the preference was herself also identified. When anonymous, such preferences and aversions seemed to find expression more easily.

Question 2: To what extent are favorable and hostile attitudes toward other groups developed and maintained because of misperceptions? A simple study along these lines demonstrated clearly the extent to which such misperceptions can exist and the degree to which they can hamper effective relations between groups. Teachers, students, and the parents of the students of a suburban high school were interviewed separately about their perceptions of the attitudes and wishes of the other two groups; that is, parents were interviewed concerning what they thought were the attitudes and desires of teachers and of students, etc. There were startling instances of misperception which gave rise to serious problems among these groups. Teachers, for example, felt that parents were not interested in getting together with them to discuss the students and were not interested in observing classes. Parents said that they were interested, but they perceived that the teachers did not want to spend time with them. In instances such as this, of course, it seems promising that much could be accomplished by merely clearing up the misperceptions that exist. The number and severity of the misperceptions that were found in this study, however, point to a serious continuing problem of communication among groups. It is clearly important for us to study the reasons for lack of, or cessation of, communication between members of different groups.

Question 3: When communication among members of different groups breaks down because of perceptions of hostility, how can contact be resumed? We have some data about this from experimental research in a Federal Public Housing Administration proj-

ect. This housing project had been built during the war for shipyard workers, and people moved into the project either because that was the most conveniently located place to live or because no other place was available. The developing symptomatology which we found among the residents of this housing project can be summarized briefly. Very typically, the people who lived in this housing project had not actively wanted to live there. They saw themselves mainly as having been forced into living there because of very unusual circumstances or because of the operation of factors outside their control. Government housing projects in general did not seem desirable to them and, although they felt that they themselves were forced by environmental circumstances to move into the project, they nevertheless felt that the other people they would find there would be typical "project people." They were consequently, from the first, prepared to look down on their neighbors and not to associate with them. They were able effectively to refrain from associating generally with the other people in the project whom they considered as undesirable or low class. As a result of effectively staying out of contact and out of communication with the other residents of the housing project, their initially hostile attitudes did not change as time went on. These initial hostile attitudes persisted and continued to block any attempts at contact between them.

Feeling somewhat ashamed about living in the project they felt that those who did not live there must also look down upon project residents. They consequently were very careful in any outside contacts to disassociate themselves from the project. The result was a very limited and special kind of contact between project residents and outsiders that also did not serve to give the residents any effective check on their perceptions that outsiders were hostile to project people.

In this community we engaged over a period of nine months in a program of stimulating contacts among the project residents by encouraging a program of community activities. Repeated measurements were made to detect changes in attitudes, changes in patterns of social life, and changes in contact among project residents and between project residents and town residents. The results of this study point to a serious qualification of the notion that simply

stimulating contact can reduce hostility and eradicate misperceptions among members of different groups. While it is true that among some segments of the population this did happen, other segments of the population changed in the other direction. Those who, for some reason or other, were negatively predisposed toward the conditions under which the new contacts were made became even more hostile and more negative as a result of the program.

Considerable work must yet be done before an adequate understanding of these processes is achieved and before we will be able to deal with such group phenomena successfully. We feel that research of this kind must continue at an accelerated pace. Basic research along such lines should ultimately produce a coherent body of knowledge which will really be of service to community organization workers and social group workers in the same way that research in physics is of service to engineers. There is no alternative to this kind of systematic collection of basic data and systematic building of theory.

We are not willing, however, to trust entirely to someone else to find the applications of our data. We feel that applications should be continually encouraged and tested. Evaluative research on experimental applications is an important part of the development of both our science and your practical field, and requires good cooperation between us.

II. GROUP DYNAMICS AND THE PRACTICE OF SOCIAL GROUP WORK

By GRACE L. COYLE

THE TERM "GROUP DYNAMICS" is being used in many quarters and with many connotations. Occasionally in social work circles it represents an innocent carry-over by people accustomed to thinking of the dynamics of individual behavior. If, for example, in leading a discussion group on family problems, they become aware of the group process, they are likely to refer to it as "group dynamics." Such people usually are intimately acquainted neither with the understanding of the group process which underlies the practice of social group work nor with the kind of basic research carried on by the Research Center for Group Dynamics. This adds somewhat to the confusion, and it should as soon as possible be cleared up within the field of social work.

A second use which has appeared within the last three years treats group dynamics as if it were a form of practice. Some people refer to "doing group dynamics" or the "group dynamics approach." This use seems to have arisen chiefly out of the Bethel Laboratory for Group Development or other institutes where, often for the first time, people awake to the existence of the group process and get a glimpse of their need to understand and use it. This often proves to be a very stimulating experience. Since in these brief contacts the understanding acquired is necessarily only superficial, "doing group dynamics" often means simply the use of certain techniques such as role-playing or group evaluation which can be picked up easily and reproduced without much understanding of the results. This use of the term represents a confusion which can do considerable damage to an adequate application of knowledge. The Research Center staff are, I understand from discussion with them, attempting to correct this mistaken conception. Those familiar with professional training will, of course, recognize what care and effort are required before scientific knowledge is translated by application into the skill of the practitioner and before such skill is con-

trolled by considered professional values. Without these, no sound practice can be developed, whether in medicine, social work, education, or personnel management. The Research Center for Group Dynamics is not engaged in giving professional training except to research workers.

A third connotation sometimes attached to the term involves the emotional tone of a "cause" eliciting loyalty and promotion. This aspect I will deal with later.

The legitimate use of the term, I believe, is that upon which the Research Center for Group Dynamics is founded, namely, the concept that the group process is dynamic and that scientific study will reveal the nature of that process. The relation between such scientific study and the practice of social group work and community organization is my concern here.

As one observes the development of social work practice, beginning first in casework in the 1900s, then in social group work in the 1930s, now developing in community organization, a similar growth is evident. The first step comes with the attainment of objectivity and self-awareness, the willingness to leave the comfortable dream world of intuition and inspiration and awake to the bright and revealing—if discouraging—daylight of objective and critical self-awareness. This might be called the harnessing of the scientific temper with intuitive sensitivity. When this has occurred, there are two related next steps. The first is the analysis of practice, usually by careful scrutiny of specific instances or cases. Out of this grow the concepts and principles of sound practice. The second step turns in a different direction, the drawing upon the underlying social sciences for knowledge about human behavior.

The Russell Sage Foundation, long concerned with this relationship between practice and science, has directed attention to these two aspects of professional development:

Indeed, since the very emergence of the social sciences, there has been some degree of mutual helpfulness between the social practitioner and the specialist in social research. The foundation is now convinced that added emphasis should be given to the increasing body of knowledge of human behavior to the end that practitioners in human affairs may have the most reliable basis possible for their work.

Sound practice in the social fields depends on sound knowledge of social behavior. Such knowledge will continue in good part to be drawn from practical experience. The individual engaged in the amelioration or prevention of social ills cannot help learning better and better ways of working. Principles of good practice must emerge from continued professional activity, and indeed have emerged in all the social fields, as is obvious, for example, if one compares even casually the professionally accepted standards of welfare work today with those of only a generation ago. But even notable advance made by taking advantage of the lessons of practical experience can be supplemented by a well-coordinated parallel approach to better understanding of social behavior through research by specialists in the social disciplines.¹

There is, as we know, a gap between the researcher in the social disciplines and the social practitioner. This alignment has been hindered by mutual skepticism, lack of acquaintance, difficulties in communication, the need to be bilingual in the languages of both practice and research, and perhaps also temperamental differences which led people to their respective functions. While it is our responsibility to develop the principles of good practice by continued professional activity, we must also take the other step as well, the conscious and planned endeavor to assimilate the research of the social disciplines.

Let us turn then to the second question. What place in this process has the Research Center for Group Dynamics and the type of research which it is doing?

There are, I believe, three areas of research which are of prime importance to the social worker: that which deals with individual growth and behavior; that which deals with the dynamics of the group process; and that which is concerned with the process of community life and culture. Obviously, the Research Center for Group Dynamics belongs in the second of these areas. It was one of the first and has continued to be one of the most productive centers for the study of the group process as such. Under the brilliant and original guidance of Kurt Lewin, there has been started here what social group workers have long recognized as essential—the distilla-

¹ Russell Sage Foundation, *Annual Report, 1948-1949* (New York: Russell Sage Foundation, 1949), p. 8.

tion, as it were, of relationships inherent in the group process. By working on the same problem in a variety of settings, the research worker in this field can discover the common relationships found in groups externally quite different from each other. It was, in fact, this same discovery, though centered in groups within social agencies and adult education activities, that led to the appearance of social group work as a distinct method. The untangling of recreation or education programs or the administrative function of boards and committees from the process of group interaction precipitated the start of social group work. Social group workers, having discovered this relation, turned to the effort to improve their own practice by study and analysis. This was their function as practitioners. The Research Center for Group Dynamics is by its function set up to fulfill the second requirement mentioned in the Russell Sage report—the production by scientific means of the basic knowledge of human behavior.

We are having at the present time a great increase in scientific interest in the group process. This interest in the process within face-to-face groups is, in fact, so widespread that at the meeting of the American Sociological Society in New York at Christmas time 1949, the development was hailed as epoch-making. Several of the elder statesmen in sociology, commenting on the papers presented, stated that the decade of the forties would be known in the history of sociology for its discovery of the small group. While this remark may have seemed somewhat surprising to a social group worker, they were correct in terms of the extent and variety of such interest. The result is that we now have research coming from a number of sources, differing not only in the subjects selected, but to some extent also in underlying premises. Unfortunately, it is not possible here even to list the approaches to this current study of the dynamics of the group process. One of the earliest was the contribution of sociometrics, started by Moreno and Jennings and now extensively used in various fields. One of the most recent is the study of "interaction process analysis" by Dr. Robert Bales, of the Harvard Laboratory of Social Relations. Many other studies of the small group of varying degrees of value to practitioners are appearing in

current literature. All of this indicates the extent and variety of the interest in the dynamics of the group process.

In this expanding development in various quarters, the Research Center is playing a large and significant part. The attempt to devise mathematical methods of measurement to demonstrate the complex patterns of variables found in groups, the use of laboratory methods of measurement and observation, are characteristic of the experimental approach of the Center. This is not the place and I am not the person to evaluate such methods in terms of their research value. It is also true that the Center has developed for research purposes certain uses of the psychodramatic and sociodramatic techniques associated with Moreno and others. They are experimenting with the use of group observation by which the process within the group is brought to consciousness and discussed. They have taken research out of the laboratory into the community—though still for research purposes. These latter features although not discussed by Dr. Festinger, are perhaps associated with the term "group dynamics." Some of these methods even when used for research purposes relate more closely to practice than do the more quantitative ones of the statistician. It is at some of these points rather than by the careful absorption of the research studies described by Dr. Festinger that some practitioners are likely to borrow wisely or unwisely from certain activities of the Research Center.

I think it is important to recognize that by definition the Center has confined itself to the dynamics of the group process itself—and to only those factors relevant to the group. This is an abstraction as is all science; it is necessarily a simplification of the social reality with which we all deal as practitioners. For purposes of research, I think it is no doubt essential and I believe it will yield fruitful results.

From the viewpoint of the social worker, this abstracting of the group process for study cuts off a part of the reality with which he is primarily concerned, the people involved as entities in themselves and the dynamic process of the ever changing community within which the group is functioning. In addition to the research into the group process, the social worker therefore will need to draw simultaneously upon research into individual behavior and upon that

which deals with community and cultural behavior if he is to find the answers most important to him.

I should like to illustrate the need to integrate various approaches by raising certain questions which occurred to me as I read Dr. Festinger's paper.

In his discussion of the nonconformer in a group upon which influence was exerted, a question inevitably occurs to anyone used to conceiving of the dynamics of individual behavior as well. One cannot help asking whether or to what extent such nonconformers were able to resist group pressure perhaps because they were motivated by deep-rooted habits of resistance to authority or by similar impulses, conscious and subconscious. Did their consequent rejection arise from needs to court martyrdom as well as from the group's need to enforce its will? One cannot regard a nonconformer merely as a counter on a board responding only to external pressure. He is an active agent reacting in complex ways to complex stimuli. Dynamic process is both internal to him and effective between him and others in the creation of the group. How does research determine the elements in rejection without producing an unreal simplification if it looks at group interaction alone? Similarly, I was curious to ask in regard to the study of the effect of Jewish and Catholic affiliation on voting and in relation to the study of misperceptions between parents and teachers, how much account was taken of the surrounding subcultural factors acting upon those groups. The cultural differences, for example, between parents and teachers in these settings obviously might be determining factors in misperceptions. In the voting situation, the current level of intercultural feeling in the surrounding community at that moment might be playing a dominant part. These cultural factors playing upon the group process are constantly refracting it. While one may figuratively describe them as functioning within a field of forces, the field is a social one, with many complex and interacting components which must be considered in analyzing group behavior.

In raising these questions, I am not suggesting that Dr. Festinger's research design did not at some time take these dynamics of individual and cultural behavior into account. I cannot tell from so brief description how much it was done. I am using them rather

to illustrate that what the practitioner needs to look for if he is to use such studies is the combining of the approaches listed above, in order to get the full light of known truth on any problem.

An interesting illustration of a combined approach is found in a piece of research on social contagion² in which, under the joint guidance of Fritz Redl, of Wayne University, and Ronald Lippitt, of the Research Center, a study is being made using sociometric methods of measuring social relations combined with psychiatric concepts of the dynamics of individual behavior. We have a long way to go before individual, group, and community factors are fully examined in any one piece of research. It is this type of combination of various social disciplines which I believe will yield in the future a nearer approach to full understanding. Interdisciplinary integration becomes increasingly essential among the researchers.

We come now to the heart of our problem—the relation of the practitioner to the researcher. If we agree that sound social practice must use the findings of research how can it be done? It is not enough after reading such studies, to say “how interesting,” and close the book to resume our customary ways of doing things. In trying to answer this question, I should like to consider four problems in such assimilation: (1) the creation of the channels of communication; (2) the problem of deduction from the generalizations of the scientist to the specifics of the practitioner; (3) the problem of integration by the practitioner of findings from various sources; and (4) the guidance of professional ethics in the use of knowledge. It will be seen none of these is a simple problem, but I believe they must all be dealt with before progress can be made.

The easiest of these lies in the setting up of the channels of communication between researcher and practitioner. There are as I see it, several channels which might be used. There is first the individual practitioner who might, if he has a good background in research, assimilate research results and, in turn, from practice produce for the researcher some of the questions needing inquiry.

² Norman Polansky, Ronald Lippitt, Fritz Redl, “The Use of Sociometric Data in Research in Group Treatment Processes,” *Research for Group Dynamics*, Institute for Social Research, 1949.

Secondly, there are the professional schools where much adaptation of such findings to practice should, I believe, be made. This is uniquely the function of professional education. Thirdly, there are the professional organizations where, by meetings of practitioner and researcher, interaction might be stimulated. There is, fourthly, the professional publication in which evaluation and assimilation might take place. It is not possible here to pursue the question of how these channels might be developed. It is necessary to add, however, that channels are not enough. Communication means also the understanding of the same language and concepts. We need, on the one hand, more practitioners familiar with the social sciences and with research methods. I wonder how many of us if confronted with a table accompanied by the measurements of probable error, hastily turn the page in search of that final paragraph of conclusions. On the other hand, we need to have researchers who will translate their findings, not into "little steps for little feet," but into material relevant to particular fields of practice. Communication is the first step.

A more basic problem in assimilation relates to the nature of practice as distinguished from the nature of science. Helen Witmer, writing a few years ago, states the problem arising out of this difference. Science, she says,

cannot deal with "total personalities" or "the total situation" just because they are inherently unique. . . . But the fact that individuals, like atoms are unique, does not preclude the search for uniformities among them. It merely means that the discovered uniformities will not mirror the individual from which they are abstracted.³

Any kind of practice is obviously specific; it deals with the unique entities. Any science is inevitably generalized. When Dr. Festinger tells us, for example, that the creation of agreement correlates with the cohesiveness of the group, he is stating a generalization, drawn by induction from specific instances. But when the practitioner sits down with a particular committee to reach a specific conclusion, he may ask himself what of it? Its meaning requires the process of deduction from generalizations back into specifics. To have mean-

³ Helen Witmer, "Science and Social Work," *Smith College Studies in Social Work*, XIV, No. 1 (September, 1943), 223.

ing, generalizations must be seen in terms of probability. What the generalization does for the practitioner is not to help him predict what the group will do. The stage of social science is still too rudimentary for that. It does provide clues as to the probable causes at work. How much is this causation present in this committee? How much may it be counteracted or reinforced by other factors on which there may also be generalizations the practitioner will have to estimate? Knowledge of the generalizations about the process alerts his mind to probabilities. His art as a practitioner consists of relating a variety of probabilities to the specific before him. This is as true of generalizations about social work practice as it is about those from underlying science. This problem of the effective use of deduction by practitioners—the turning of necessarily abstract generalizations into the uniqueness of the specific—has so far as I know received little attention from either side.

I should like to raise a further question. How are the practitioners to integrate such material from the Research Center for Group Dynamics with research based on sociometrics or the intricacies of interaction process analysis? If a practitioner allows himself to read more than one type of research he is confronted with either unrelated or conflicting truth. Certainly, it is very important that the practitioner should not confine himself to one source of knowledge. If he does, he is likely to get only partial truth and to become blinded to the aspects being pursued by other researchers.

There is a tendency among practitioners of all kinds to create schools of thought around the diverse approaches of the underlying sciences. There was a time when medicine was split between homeopaths and allopaths—a controversy fortunately long since dead. Education was for decades divided between the followers of Dewey and Kilpatrick and those attached to the established doctrines. I do not need to mention similar schisms within social work.

The tendency is itself a group phenomenon and, in fact, shows similar characteristics in every field. It usually arises around the new insights or theories of an innovator—the kind of person who through unusual brilliance of mind and courage breaks new paths. Followers collect; opposition arises from the status quo or rival schools; significant literature is written. Before long, the truth be-

comes a cause and a school of thought is born. The resulting controversies divide practitioners and divert attention from the free and indivisible search for truth. It may be that only in this way does new truth achieve sufficient vitality to get attention and so, in time, win its place. However, I have the hope that in this field of group relations, since presumably we are aware of our own group behavior, we might save ourselves by taking thought.

It would be indeed unfortunate if "group dynamics" in quotes became a rallying cry which created an army with banners. Dr. Festinger and his colleagues are engaged in a scientific enterprise of concern to all social practitioners. The understanding of, and interest in, the dynamics of group behavior are, as I am sure they would be the first to say, not a suitable subject for loyalties, but a common ground upon which open-minded inquirers should meet. Is it not possible that instead of developing such schools of thought around any divergence, we can substitute cordial receptiveness to the results of various types of research combined with a steady and tolerant pursuit of the wider truth? This does not mean that we will agree on all points or that those of us with one viewpoint will soften our differences in that pursuit. It does mean that we will avoid partisanship, the ganging up of the true believers, of whatever kind, and the mutual recriminations that too often follow. If we can succeed in this, it will prove not only that we understand our own group behavior, but that we have it under conscious control. That would be no mean achievement!

Finally, I should like to point out one other relation between research and practice. The researcher is necessarily neutral so far as values are concerned. Science cannot in itself be involved in ends except those related to scientific method. Dr. Festinger can tell us how cohesiveness affects the creation of uniformity. But when it is desirable to produce it and how much is not his affair. What does uniformity mean to the particular group with which one is working? In some cases, where the group is too individualistic to produce satisfying experience for its members, the practitioner may feel the need of greater uniformity. However, if he is dealing, for example, with a group of overdisciplined though covertly hostile people, his purpose may be the exact opposite. The determina-

tion of aim will depend upon the needs and purposes of the particular group. As the knowledge of group behavior increases and the means of changing behavior become better understood, the question of the practitioner's purposes becomes more important. Such knowledge is a form of power. Do we use it to control or manipulate groups for our ends? Do we use it to encourage self-knowledge and self-determination by those involved? We cannot turn to science for these answers since by its very nature it has other functions. We must turn rather to our social aims and our professional ethics which in social work are, as we know, committed to the use of skill for the development of human personality and of a more democratic community life. Good intentions without knowledge end in futility. Scientific knowledge applied in social practice without the guidance of social aims and effective professional ethics is not only futile; it is dangerous. We must find the way to relate them in fruitful union.

Grouping Devices for Intercultural Goals

I. AGENCY-INITIATED GROUPS

By MARGARET BERRY

ALTHOUGH PREJUDICE IS A PHENOMENON too complex to be controlled by any type of grouping, many agencies can enrich the lives of their members by providing realistic experiences in a diverse group. I shall comment simply on observations and convictions growing out of considerable experience in such an agency. It is the established policy of Soho Community House to provide experience in inclusive racial and cultural groups as one means toward harmonious neighborhood life.

What are these groups which can be inclusive because initial membership is determined by the agency? One is a representative council. Its objective is specific, and relationships between members are a by-product rather than a primary goal. Another is a committee organized for a special project, such as getting neighborhood police protection or collecting funds for the community chest. In this too, relationships are subordinate to the primary goal. In the same way, interest groups of all kinds may be used to further racial contacts and understanding, while members are pursuing knowledge and skill. We might even include staffs and boards as agency-determined groups with very specific tasks, good relationships being either a by-product or a tool.

Such groupings are relatively simple. There is a certain undeniable logic to them. Inclusiveness is either inherent in their nature, as in a representative council, or is essential to the accomplishment of the goal, as in a successful chest drive. If the goal is important or the interest compelling, members are usually willing to participate

with others who share it. Willingness varies, of course, with community patterns, the emotional climate, the status of the group, and the degree of social intimacy demanded.

While not denying the obvious value of such groupings, I should like to focus on a much more difficult type, that in which better relationships are not a by-product, but a primary goal. Appropriate for inclusion are open club groups, such as Scout troops or Y clubs or settlement play groups, and camping programs. Here too there is a basic logic. Camp is for all girls, the troop for all who wish to be Scouts, the play group for all eight-year-old boys who live in a certain neighborhood. Inclusive groups merely take for granted the diverse nature of our population, and the necessity of learning to live with difference.

Once such a policy of inclusiveness is stated, however, it becomes another matter to carry it out. It is truly in conflict with the need of individuals to seek support of those who are like themselves, and who find that desire reinforced by important institutions such as family and church. The open door is never in itself a potent invitation. Members will walk through only with sensitive help. One camp I know, for example, was established in 1910. In 1920 Negroes asked and were told that they were welcome. In 1945, after thirty-five years of the theoretical "open door," the first Negro went to that camp. Other camps may explicitly state that they are open to all, yet never provide a real intercultural experience because only a handful of the minority group have courage to register. A settlement may announce a play group and have only one cultural group appear. Even when an agency's policy is clearly inclusive, members tend to practice spontaneous segregation.

The formation of the cross-section group, then, is our first hurdle. What effective means have been found? In the first place, members have to be aware of the nature of the group, and helped to express conflicts or fears if these exist. Frank discussion with an understanding worker will help the member to work out negative feelings before he goes to the group and insure that his attendance is really voluntary.

Secondly, we have learned that until mutual trust has developed, there is safety in numbers. The member of the group which is in

the minority particularly needs the support of some personal friends or others of his group. Only the rare individual can participate otherwise. Recruiting, therefore, must be consciously planned so that the most threatened group feels adequately represented. We have all struggled with the phenomenon of shifting racial participation, for example, in which almost without our realizing it, an interracial club or program or even a whole building can become exclusively Negro or white. We must therefore be exceedingly attentive to the barometer of attendance, and immediate attention must be given to the reasons for drop-outs.

Establishing initial security through a numerically balanced membership has been so important that some agencies have resorted to a quota system. This negates another basic principle, however, in denying service to the needy individual. The only method entirely consistent with good principles seems to be keeping the doors open to all, and at the same time recruiting consciously from the group which is not adequately represented.

In addition to numerical security, there are other factors of major importance in the formation of a mixed group. If the group must overcome a racial barrier it needs to be fairly homogeneous in other ways. If they are to be happy and cohesive, we know that groups can tolerate only so much divergence. Timid children are unhappy with too many aggressive ones. Retarded members are irritating to an alert group. A consistently quarrelsome woman can eventually kill an adult civic group. Because it is so acceptable to project undesirable traits onto a member's race, it is especially important that members in an interracial group be potentially congenial. They should be suited as far as ability, size, energy level, social development, and general behavior standards. Unless we plan these groups thoughtfully, they may fail for many reasons, yet the failure will be attributed to racial antagonism.

Why is it important that the group be potentially well suited? Simply this: In spite of the effort which preceded formation—explicit agency policy, planned recruiting—the group is only on the threshold of real learning. That learning can be either positive or negative in quality. People can be together and still not like each other. This has been illustrated in a number of studies. Eugene L.

Horowitz, in a study of comparative racial attitudes of children in a mixed New York school, an all-white New York school, and in Tennessee and Georgia, concludes that there is no difference in the amount of prejudice of those with no contacts with Negroes, those with contact with one popular Negro boy, and those in a mixed school.¹ Henry Maas, in reporting on "Non-verbal Validation of Group Changes in Social Attitude through Sociometric Choice" concludes that there is no evidence that contact with those who are different in any way assures broadening of tolerance.² In fact, it may merely reinforce stereotypes. Penny, my favorite comic-strip adolescent, summed it up simply when she said, "When you first meet Wilbur you think he's an awful drip, but when you get to know him—you simply can't stand him!" Obviously, some members, like Wilbur, will be rejected. Members will rightfully come to positive or negative conclusions about each other, but agencies which seek to break down stereotypes must provide as fertile soil as possible to nurture friendly, positive feelings.

What unique learning does the diverse group offer to members who are able to participate? In general, it removes group relationships from the area of fantasy and projection, and provides an opportunity to deal with them on a realistic personal level. This can happen in several ways. In the first place, many stereotypes are automatically challenged. Some individuals, of course, support stereotypes by their behavior. But others, by their presence and nature, provide the unspoken but obvious negation to such statements as "All Negroes are violent and aggressive," or "No white people are to be trusted."

A more important possibility in the mixed group is that members can be sensitized to the common human qualities of all. This may take the form of self-imposed censorship, when by unspoken agreement children become embarrassed by heretofore familiar phrases and start counting out with "Catch a tiger by the toe," or substituting "Call Ball" for "Tar Baby." This process was graphically described by a camp counselor in charge of a group of eight teen-age boys, five of whom were white and three Negro. During a rainstorm

¹ "Development of Attitude toward Negroes," *Archives of Psychology*, No. 194, 1936.

² *Sociometry*, XII, Nos. 1-3 (February-August, 1949), 170-78.

boys were lying comfortably on beds playing a game that involved singing well-known songs. The leader records:

Bill, one of the white boys, started "Old Black Joe," the game slowed down, the Negro boys dared not look into each other's faces. The singer's face was down, and his voice loud and clear as the Negro boys made quick glances and poked each other. Bill sailed into the chorus "I hear those gentle voices calling." Suddenly realizing the import of the title for the first time, he broke abruptly into another song. Tension vanished, laughter and gaiety prevailed, and the game resumed speed.

This may be the hard way to learn good manners in race relations, but because it is in personal human terms I think it is the most effective.

This sensitizing process can be illustrated in the Happy Hour Club of ten- and twelve-year-old girls. This homogeneous white group met for three semesters, expressing much fear of Negroes. At the beginning of the fourth semester, one girl introduced two of her Negro school friends into the club. These two, Jane and Elizabeth, conformed in every way to club standards, so the only conflict was their race. What had been a generalized hostility now had meaning in terms of how it applied to, how it hurt, two nice girls. When Jane was nominated for treasurer, three white girls consistently voted against her and three voted for her. One white girl finally threw down her paper saying, "It's because she is colored you don't want to vote for her. I'm voting for who I think is best." Two undecided white girls were then able to cast the deciding ballots for Jane. On another occasion two white girls wanted to put out Jane and Elizabeth because they put their hands in the biscuit dough. The worker talked this over with them thoroughly, going into their emotional reactions, and then left the decision up to them. There was discussion as to the Negro girls' feelings of not being wanted and how the white girls would feel if this happened to them. Taking responsibility for an act which was "bad" in their own eyes was too much for them, and they lost their desire to carry it out. The Negro girls stayed, and the matter was dropped. Later the whole group was awakened into realization of its new interracial character when it planned a coed party and considered together both Negro and white boys. In April the group began to grapple

with further points in race relations when one member asked, "How can our club have a picnic or a camp trip, because where would we swim together?" A place was found, and a successful camping trip climaxed the year's program.

Further illustration of realistic grappling with relationships can be found in an interracial camp. The teen-age girls' unit contained six Negro and five white girls. The Negro girls were Protestant, Catholic, and Seventh-Day Adventist; the white girls were Protestant, Catholic, and Jewish. Assignments to cabins were difficult as two small cliques wanted exclusive rights and resisted any sharing. However, one cabin settled down fairly happily with two close Negro friends, one withdrawn Negro girl, and two friendly white girls. In the other cabin were three close white friends and three fairly well-adjusted Negro girls. Overresistance appeared when one of the white girls drew an imaginary line down the center of the cabin and she and her friends shoved their beds together in one corner of the "white" side. The Negro girls resented this obvious division and asked to move, but the counselor encouraged them to wait.

At the first meal a new element appeared when two white Catholic girls crossed themselves rather than singing grace. From this point on, most informal discussions centered on the religious differences which cut across color lines. The questions were at first in the form of attacks until a counselor gave the most popular girl a copy of *One God* to read aloud at rest hours. Thereafter, the discussion of religious differences was more friendly and objective. The climax came on Sunday when every girl in the unit attended mass, in the mood to understand and appreciate differences. Other parts of the program emphasized likenesses and created unity—common interest in boys, wanting to stay up late, going on an exciting overnight hike. When the girls wrote their diary for the final campfire this is how they summed it up:

DEAR DIARY: When we came to camp we felt all mixed up—not exactly afraid, but strange. We worried about bunks and latrines. Some of the kids in our cabin were strangers. We didn't feel friendly toward each other. Ginny said even though we were in the same room at first we felt separated, and we all agreed. Elaine said she didn't feel close to the kids

in the next bunk until she had slept with them one night and enjoyed their fun. We guess that's how it all began, sleeping, eating, playing, and working together. Some of us thought it was the hike to the overnight that made us closest. This was the first time we all stuck together. The kids who couldn't sleep didn't complain. They were good sports and got up in the night to make a fire so we'd have it in the morning. And about the ones we didn't like. It wasn't because we were white or Negro or had a different religion. We just didn't know each other. Some of us thought we'd be afraid to camp where there were people of another race or people who had more money and better clothes than we have, but now we see this won't stop us from having fun. We found that we were so much alike. All of us wanted to have a good time, and we did.

As with these campers, once the group has moved from a fearful and unfriendly attitude toward strangers, it may develop a more sophisticated, positive appreciation of difference. A typical example of program fostering such an attitude is found in the eight-year-old Rainbow Girls, a racially mixed group. Earlier the club had attended a play, the *Indian Captive* which centered on whether a white girl could truly become a good Seneca. The girls had agreed it was her spirit rather than the color of her skin which made her a good tribe member. Later when the worker, who is Irish, told an Indian story, one girl said, "Now, Miss Murphy, you said you would tell us if you are Indian." The worker records:

I said I was not but came from a part of the country where they had lived. Ethel asked if I wasn't Indian what was I? I said I was Irish, Scotch, and Norwegian. Ethel said dubiously "That's three races." I said it was three nationalities and explained how my grandfathers came from different countries. Nancy said she was Irish, German, and Protestant. I said Irish and German were nationalities, but Protestant was her religion. I pointed out that all present today happened to be Protestant. They looked around and nodded.

A diverse agency offers many opportunities for presenting differences in a natural, easy manner. I recall a club which was led by our first student from India, whose members asked in bewilderment, "If you are an Indian, where are your feathers?"; and a group of little girls, who upon meeting our first Oriental staff member and noticing a difference in appearance, said, "You must be from France," remembering a French visitor the previous year. In an

accepting atmosphere children can be helped to abandon defenses and follow their wonderful curiosity. This can happen on other levels, with staff and board, too. After a board committee meeting which had included a Negro parole officer, a Catholic priest, two professors' wives, and the wife of a garbage collector, I heard the chairman say appreciatively, "Where else in town could such a meeting happen?"

Although the cross-section group can help members appreciate others who are different, such learning does not occur without unremitting effort. These groups make special demands on the worker's skill. Here are a few of the principles which have guided effective work:

1. The worker must accept himself and be at ease about his own group identification. He must be personally comfortable in order to face the accusing remarks which will be directed at him as members give evidence of their struggle. White staff hears, "You let Negroes take over this place," or "You're a white cracker," or personal derogatory remarks, and the Negro on an interracial staff, for whom it is made harder, is accused of not sticking up for his own race, or of "trying to be white." By words and actions, workers are challenged daily. It takes conviction and inner serenity to withstand the constant testing and to remain a helper and teacher to those who resist.
2. The worker needs to accept all members unreservedly and to show a warm liking. It was not surprising to read that as late as the twenty-seventh meeting of the Rainbow Girls one child asked, "Miss, do you love us?" All our workers have been asked by children in candid moments, "Do you really like colored children?" or "white children." Older members are even more suspicious of biased attitudes and test the worker much longer. Liking must be demonstrated beyond the shadow of a doubt. The prejudiced members especially need warm personal acceptance by the worker. If the worker unconsciously shuts them out, is personally irritated because they are bigoted or hostile or "oppose agency policy," he has thrown away his major tool for encouraging them to grow.
3. The worker must be scrupulously fair. This is especially true

in areas where tension is high and every move is watched. Although we know that some children should have more simply because they need more, in a tense interracial group the worker cannot give to one member at the expense of others. They are all anxious. Sometimes new workers tend to overidentify with the whole minority group, allowing more privileges, expecting less in behavior standards. This is understandable, but it is fatal to the group as a whole. Since it implies a double standard it is also unconsciously patronizing to the minority group. With active, belligerent groups it is also important that the worker have enough control to assure physical protection to all members.

4. The worker must set the tone of the group. He must be sensitive to and avoid painful or stereotyped references and help the group to develop standards of kindness and fairness. He must avoid program which is threatening to the minority. When hostility appears, however, he must handle it immediately, not by suppressing it, but by establishing facts to encourage rational thought, and helping members to talk out their feelings, which are not rational.

5. As in any group, the worker should help each member to make his contribution, and should consistently point this out to the group. When individuals do not achieve, however, or the group fails, the worker must give especial support so that they can bear the failure or blame and do not have to project it onto racial factors.

In the face of such a difficult job, workers often begin to wonder if they are superimposing or violating the right of individuals to self-determination, since obviously, if the choice were left to the group, it would often vote for segregated activities. This is a natural question, and it is only fair to say that there may be some conflict in values. However, as agencies supported by the public and dedicated to education for democracy, we must take the widest possible view of democracy and the highest concept of values. Just as we are obligated to teach true facts about the physical world, so also we cannot leave our members ignorant and unprepared for social realities. We do reach out to them where they are, not to leave them at that point, but that we may move together toward socially desirable goals. Dr. Bryn Hovde put it strongly in 1948 when he said:

Collective action of individuals in groups is inevitable, but it behooves those who assume the responsibility of group leadership to achieve a basic democratic purpose which consciously employs the group in support of democracy. . . . The best group for the purpose of democracy is that which is so composed as to present the individual with most of the problems of democracy at each level.

Moreover, even though agencies may choose a goal not yet generally shared by membership, participation really is voluntary. The fact that members may or may not come is at once a source of despair and strength. At least we know when they do come that they have checked some of their prejudice at the door. Skeptical and hostile as they may be, they are giving us a chance to demonstrate the rewards of participation. The ultimate choice is theirs, too. Unless they are willing to accommodate to each other to achieve a group purpose, the group never develops. All we are doing, all we can do, when we determine the original membership in a group, is to provide a richer human setting in which natural group processes may take place.

The longer one works in this area, the more humility one learns. There is no scientific proof of progress. Sometimes, measured by our values, there are rewards. During the war we introduced a Japanese-American worker to the Sophisticated Debs, an agency group of long standing. She was the first Oriental in the agency, one of the very few in town. At the close of the first meeting one of the girls said, "First we had Jean, who was Negro; then we had Barbara, who was white. Then came Hilda, who was Jewish, and now we have you. We are so pleased!" That was one of our real rewards.

II. SELF-INITIATED GROUPINGS

By *WILLIAM H. BRUECKNER*

IN THE BATTLE against prejudice and its devastating effects upon the present and future welfare of national and world communities, social group workers and their agencies are making their contribution toward intercultural understanding on the basis of the belief that intergroup contact and, especially, continuing and repeated interaction between members of different ethnic, racial, and religious groups will lead to change in behavior. Social group workers and agencies hasten to add that this change will occur more effectively and more certainly if and when agency and worker play their roles skillfully.

The choice of the setting most conducive to changes in attitude has long been an important problem; there is a vast number of possibilities and "impossibilities" ranging from physical facilities to general agency policy, from activity content to the qualification of the worker, from the attitude of the janitor to that of the total staff, that must create an atmosphere of strength and stability. The choice of grouping devices is only one of the choices that must constantly be made. That choice must be made in relation to all other decisions of policy and practice; I believe that this choice cannot and should not be made as a once-and-for-all verdict for or against the friendship group or the formed group.

This opinion calls for a brief discussion of two questions not directly related to the subject of membership-determined groups. The one concerns the practice of my own agency, the Chicago Commons Association, from which the opinion developed, and the other must deal with the principles that guide us, and with the present results of scientific effort to help or to curb us.

The experience in our agency has been established on the foundation of clear and firm policy: the settlement will serve anyone without regard to difference of background. The settlement is equipped with adequate staff, considering average circumstances in the field. The agency went beyond the policy: it recruits members of minorities and it does not remain merely hospitable to those who come. The community situation is tense. A first to third generation of

white neighbors experienced a sudden and strong influx of Negro families in 1942. Reaction was violent; a fire due to arson killed ten Negroes three years ago, and the community has not yet come to rest and peace. The policy and practice of the agency are shared by board and staff, and by some people in the neighborhood. Apathy may be a fair description of the attitude of a large number of others. There is strong resistance to our practice and policy on the part of some neighborhood groups, especially of those representing persons who own property, or have some other mark of prominence.

The program pattern involves formed groups for pre-adolescent children. Adolescents meet mainly in friendship groups, and only a few interest groups for adolescents exist at this point. Adult work is done in each type of group situation. Social action effort contributing to the attack of basic cause of minority problems is a constant and strong one. We are not convinced that our present method of service is good enough, and I give the information about our specific situation only to facilitate the explanation of my statement about friendship groups.

The second question concerns the principles and guides upon which we act when we plan and carry out our program. I wish there were a larger and stronger body of experience and evidence for the effectiveness of our work. I would not have to say then what I need to say now: much of what we do is based on faith. There are some evidences for growth on the part of individuals we know well. There are many questions concerning the healthy development of these individuals against the odds set by many forces in the community that seem to be against it, and—as all of us do—we turn to scientific effort in order to find support, or to find correction of our own practice.

There is a vast string of problems connected with our topic. Whether we use friendship groups, and when we use them, or whether we form groups deliberately, depends upon the answer to the general question as to whether amelioration of prejudice can safely be expected if we offer social opportunities and guide such opportunities with the skill of the social worker. Of course, we answer this question in the affirmative. In checking our own answer,

and in order to see what is involved, I turned to Robin Williams's "Reduction of Intergroup Tensions," the survey report of the Social Science Research Council Committee on Techniques for Reducing Group Hostility, and to Muzafer Sherif's writings. A large number of efforts are going on in this country to combat prejudice, and most of them are carefully recorded and interpreted by these two writers. Still, both say that the effects of our activities are likely to be very small, and that more often than not these effects will be attenuated, obscured, or even reversed by other factors operating in the situation.

Theoretically, the scientists do not deny the possibility of change in attitude, but their warnings are numerous. They remind us, for instance, of the member of a group who already "dissents," and who, for that reason, is vulnerable to our invitation to join an intercultural group; they refer to the fact that the conflict of children and adolescents, and even adults, cannot easily be borne by them when it arises out of difference between values cherished by their peers, or their "in-groups," and those values acquired through new experiences and new understanding.

Two points important for our specific problem stand out as helpful, however: The group that the social worker is talking about and working with is not identical with the one the social psychologist, sociologist, or anthropologist usually has in mind. The scientist thinks of the groups they are discussing as the ones appearing in the spontaneous flow of social life everywhere, and it seems that the "social group work group," if you will allow that name, has not been subject to much research yet. The second point is that much learning must be done by us in order not to commit the sin of neglect in observing the fact that the friendship group is certainly a closer link to the reality of the group life of the community.

I was much better off when I looked at the effort Bettelheim and Janowitz made, reported in their book *Dynamics of Prejudice*.¹ This team of psychiatrist and sociologist did a study of attitudes of veterans and reported a reaction we all can use. The report does

¹ Bruno Bettelheim and Morris Janowitz, *Dynamics of Prejudice* (New York: Harper, 1950).

not only register prejudice when and where it occurs. So far as the problem is of an emotional nature, it is represented as a challenge to develop controls of personality development, and they offer suggestions valuable to caseworkers and social group workers alike. At the same time, they put us in our place by asking for better education, especially for the preschool child and his parents. With equal forcefulness, they ask for social action as a principal means of alleviating prejudice, and—to my satisfaction—are quite specific by suggesting an adjusted annual wage, the stabilization of employment, the extension of social security, and, last but not least, a revision of the legal system in the area of cultural relations.

My main reason for such a lengthy introduction is to help protect our work toward better intercultural relations against the expectation that a choice like the one between friendship group and formed group might decisively turn the tide, without considering the necessity humbly to assess the effect of the effort I now want to examine.

In building program and in the process of deciding upon social group work services we face constantly a reality of demand. This reality of demand is often enough not the same as the reality of need implied by such demand, whether that is obvious or whether we need to work hard to find the correct interpretation of the demand. The "clients" I shall mention, all of them adolescents, come more often than not in groups. Most of the time, they are part of an "in-group"; that is, their composition is homogeneous as far as cultural, racial, ethnic origin is concerned. In neighborhood agencies, particularly, they rarely come as individuals, and if they do, they often think and talk of more people they would like to be with than just of Johnny who is their best and only best friend. At the same time, they come to have a good time, and not for the purpose of helping "to fulfill the agency's objective." They do not want to be group-worked, and—for better or worse—they resist such an attempt, even in the friendship group. Add to this dilemma of the social group worker the job of determining membership for the sake of anything, including better intercultural relations, and the difficulty becomes greater. The least that will happen is a selection of persons who, for whatever reasons, responded favorably and indulgently to the wish of the worker, and this is frequently exactly

what should not happen. The rest, the effectively resisting ones, stay away. They may include those who resisted because of the concept of values of their home and their larger social group. This happens to us even with the very best interpretation we may have been able to give. It happens, of course, primarily with new groups that have not had experience with other cultural groups. But it also happens to the younger adolescent who has had such experience; it then happens because of his reorientation to his total surrounding with the coming of puberty, when he alternately departs from, and returns to, the sources of his security.

In such cases, I believe that the social group worker should be most careful not to break the relationship to such persons and their groups, and to look for other ways to bring into play social contact and activity with members of other cultural groups.

If a program is strong, and if the staff group has agreement on policy and practice, if the agency cares for better human relations and does everything it can do, through social group work and social action, then there must be a circumstance within that program under which such a person can participate. And what has been said here, is as true for the member of the majority groups in the community as for those belonging to minorities.

The friendship group can mean much for the individual on his way toward maturity. He can have the opportunity for a discharge of his hostility against other groups in a situation where he does not have to violate those habits of politeness which prevent needed discussion. In the development of democratic attitudes he will find access to the worker and develop a willingness to listen and to probe into his own feelings and thinking.

In such a group, he has a strong and hardly replaceable reference to what he likes, believes in, knows—something from which he can depart into new likings, beliefs, knowledge, and skill at his own speed. T. N. Whitehead said: "It is the conceptual pattern, or understood way of life which enables people to accept some degree of change without a breakdown in the adequacy of their behaviors and sentiments."

I have already implied that this friendship group is very much like the other groups the adolescent has belonged to, or now belongs

to, and he can start learning from where he is. Finally, and possibly more important than anything else, this group is one he made with his friends, and it was not made by someone else.

These are some of the things the adolescent needs and wants, things that—from his point of life experience and sense of value—a group of friends of his own choice can give him. At the same time, the mention of these things would provoke misleading conclusions if there were not the social group worker and his function in relation to such a group.

The worker can help members of such a group relieve themselves through discharge of hostility. He can help them discuss the problems occurring in the community. He can help them to correct their own lags of development. If the agency means what it says, he does his work as a person known and understood to believe in the agency's policy, and also known to be a part of a group of people on staff and board, and in the neighborhood and community, who share the convictions expressed in that policy. Being an adult to the group, certainly representing more than himself, he cannot fail to see progress in his work.

The worker can and must provide social opportunities for the members of a friendship group with persons of other cultural background. He can do this through committees and councils, and through the development of interest groups running concurrently, where the agency will determine the membership. Thus, experience will be available to at least some members of a friendship group, useful to them and to the rest of the group. And here again the worker can be useful by observing and working on the effect the intercultural experience has upon these members.

Of course, the worker—and this would be true in the former group as well—must help the members of the friendship group to step beyond the threshold between discussion and the realm of application to learning. Too often, such groups become liberal discussants and discussing liberals in the conversations about intercultural problems. They may do what a Chicago community now does after most generous proclamations of broadmindedness, namely, "flee the area while welcoming the arriving Negro."

Let me summarize, with a few additional remarks:

1. I believe that the effort of a social group worker is directed toward more than alleviation of prejudice. For that reason alone, the question of deciding between formed groups and friendship groups becomes less important.

2. The agency must remain in contact with, must have access to the natural grouping in the community; one of the best links is that of a friendship group. Wherever such a group is already mixed, the agency will accept the group as a friendship group.

3. Friendship groups are particularly important to adolescents. In the case of children, it seems better to develop formed groups. The community reaction is usually much less critical then. But difficulties do recur, and there is no doubt that the value of inter-group experience for children will only be maintained to the degree in which parents and friends tolerate it when the child turns adolescent, or to the degree the individual can afford to dissent.

4. The friendship group is one of several devices. It must be supplemented by interest groups, committees, classes, councils, and other opportunities for play and work on things of common interest.

While I do not want to appear as a defender of the friendship group I do recommend it whenever mixed groupings appear to be premature, and when the access to the community's reality might become narrower than it needs to be.

A Conception of the Growth Process Underlying Social Casework Practice

By JESSIE TAFT

SINCE ALL PRACTICE in a helping profession, whether it be labeled casework, counseling, or psychotherapy, depends at bottom on the practitioner's conception of growth and personality development and his ability to utilize that conception in his role as professional helper, it would seem that any experienced caseworker could express easily and at a moment's notice the psychological basis on which he operates and which he believes he actually uses to help the client. I yield to no one in the degree of conviction that characterizes my belief about how one helps—and through years of teaching a good deal of that conviction gets theoretical expression—yet when brought face to face with the problem assigned to me in this paper, the task seems almost insuperably difficult. I ask myself why this should be. It is not because I am hesitant or doubtful about my own point of view and its validity; rather it seems to me to be a resistance to putting into words living experience, which can never be accurately represented verbally. One's very fidelity to a scientific standard reacts against the distortion that words inevitably entail, not only in their failure to represent a moving relationship process but in the unpredictable response they elicit from the hearer.

In the interchange of the classroom, where the teacher's intimate relation to each student in the training process underlies theoretical discussion, where the immediate experience of the student with his client or with his supervisor makes vivid every psychological concept, the understanding of growth and change, of personality development and the helping relation is a gradually deepening result of a vital process which keeps concepts, theories, and ideas from congealing into sterile systems, from becoming something one

learns from an outline or a book. Only in such a living experience does any student learn to understand and accept his own growth process as well as how to enter into the growth process of a client helpfully.

Because it seems to me that to return to the origin of human growth—in the uterus, at birth, and through childhood—is a story so familiar to most of us that it may fall on ears deafened by repetition, I have tried to examine the assumptions about the nature of personality growth and change that underlie the training process with which I am in daily contact and for which I carry responsibility, in relation to the oldest and most experienced student group in the University of Pennsylvania School of Social Work.

The median age of this advanced or third-year group is usually nearer forty than thirty. A good many years of social work experience, in addition to the degree of Master of Social Work, are represented, ranging from casework through supervisory, to administrative and teaching practice. In the current class are two students whose practice assignment is in teaching, six who carry supervisory and administrative responsibility, and eight who are in regular field work placements. Two of the latter are teachers of social work on leave of absence. Yet the focus of the class is casework, and the material for discussion is obtained primarily from the current practice of class members. How can a teacher possibly bring such a diversified group together so that they will finally experience community of process in the movement of the class, as individual psychological growth?

It does happen—and it happens year after year in spite of an incredulity that the teacher experiences with every beginning. Can it really be true? Is the kind of learning that implies growth change in the self actually to be expected, even to be required, of these already developed, professionally organized individuals?

For me there is only one answer to this question. To believe in the client's capacity for growth, through the helping process of casework, requires the kind of conviction that stems from the worker's own experience of growth through some form of professional help. Only a training process that is geared to the expectation of psychological growth, or, if you like, to the development of a

professional self in the student, can be counted on to provide the basis for such conviction. Therefore, the conception of growth that underlies the practice of casework must, in my opinion, also underlie the training for social casework. If we differ at one spot, we must differ also at the other.

There was a time, not too long ago, when we tended to assume that the personal change resulting from a psychotherapeutic experience was equivalent to the change produced by training and therefore could be translated into casework or supervisory skill directly. We have had to learn that, however valuable as a basis for training, no personal psychotherapy of itself is preparation for the giving of any specific form of professional help. Never would one expect the client to be transformed into the caseworker by the fact that he has developed a new use of himself through casework help. While the basic growth process may be identified in the client who has used help, it is qualitatively and quantitatively different from the change that may be expected when the development of a professionally skillful self becomes the consciously chosen goal of the helping process that we call training for social work. Even casework skill cannot be transformed into supervisory skill, nor can caseworker responsibility be equated with supervisory responsibility, without an intervening developmental process.

Therefore, in basing this discussion on an analysis of the concept of growth that underlies training for social work, I am resting not only on an assumption about the essential connection between taking help and giving help but on the meaning of growth itself and its relation to change. The growth on which training and casework depend is first of all a capacity of the human organism, dependent on the original impulsive organic matrix and on the direction inherent in its every manifestation. Growth on any level results in change, but change, which can be undone, is not necessarily growth, with its spontaneous, irreversible movement toward fulfillment and integration of the organism's potential for development.

To believe in the possibility of giving help or of being helped in any fundamental way, one must believe in the existence of a natural impulse toward better organization of the self which, however blocked or confused, provides the basis for a new orientation to

living, once a situation is encountered which can disrupt the habitual pattern and release, for the formation of a new integration, the underlying growth tendencies. That psychological growth takes place in normal, as well as in extraordinary, life situations is taken for granted. Our problem as social workers is to discover how our social services may operate to provide such growth-producing situations for the individual who has not been sufficiently freed in the natural course of events to use himself effectively or to his own satisfaction. Similarly, the training school has the task of providing for the would-be social worker a growth-producing experience which will establish the conviction necessary for the skillful giving of professional help. To believe in the possibility of growth for the client, one has to have known the release of growth in the self, through help consciously sought and professionally controlled.

We who are dedicated to a professional utilization of natural growth have discovered certain essential aspects of the psychological growth process on which we depend for providing a helping situation. First, we know that, however important the physical environment for maintaining life, psychologically the only reality for man is other men. Whether he knows it or not, man develops whatever of selfhood he achieves through his social relationships. The self, in so far as it is a self, is social in character, and reflects its use of other selves in its developing organization. The baby's first use of "no" registers his beginning differentiation of himself from his parents. From the moment of birth, if not before, he climbs, as it were, by the putting out and taking back of needs and wants upon those who are available for his use.

The two basic needs that form the two poles of the psychological growth process are the need for dependence upon the other, as it is first expressed in the oneness of the uterine relationship, and the opposing need for the development of self-dependence as the goal of the movement toward adulthood. The two are never divorced in living and it is on their essential conflict and interaction that we rely for the dynamic that keeps the individual moving to correct the imbalance that exists and must exist at any given moment in his use of himself. In any case, whether it be to satisfy a hunger that only the other can meet, or to experience the security that only

self-development can give, the individual reaches his particular self-formation through his movement in relationship, the putting out and taking back of his projections upon those who are or have been important to him. Discarded parts of the self are left behind in abandoned relationships, while expanding goals are reached through newly achieved connections.

Because this use by the individual of his social environment is equally true for everyone constituting the environment, each human being is both the actor and the acted upon. The baby begins using what he finds in mother and father as actively as his developing organization permits, but it is equally true that, infant though he is, he too must bear, and begin to react to, his parents' projections upon him. We tend to think of the parents as almost totally responsible for the beginning self of the child, but it is well to remember that the child creates the parent in his own image as truly as the parent creates the child. Seldom do we ever arrive at an adulthood that can remove our basic projections on parents sufficiently to see them as human beings like ourselves.

It is to be expected, then, that very early in his career, the individual will develop his own organic pattern for meeting the critical experiences of birth, with its beginning and ending, and all the vital connections with the mother that follow. So manifold and complex are the factors that determine this pattern, such as the inherited constitution, the intra-uterine experience, the particular kind of birth and its relation to the particular make-up of the infant, as well as all the variables that follow, that one can never speak of causes but only of the fact that a characteristic pattern seems to result for a particular child, a pattern that is to be discerned in the child's way of beginning and ending, or of refusing to begin or end, in the earliest relationship to his mother. Thereafter this pattern will be identifiable in all the growth crises that occur in the natural course of events, modified by developing social relationships but never changed so completely as to alter the identity of the individual. He will always retain his peculiar and individual way of meeting growth changes, in other words, of beginning or ending, of uniting and separating, of emphasizing primarily self or other.

Does this mean, then, that repetition is the basic fact about human

behavior and that to talk about psychological growth is a waste of breath? The only answer we as social workers could or would bear is that, regardless of the fact of pattern, and the apparent compulsion of the individual to perpetuate his own original way of meeting life, his impulse toward growth and change, his hunger for self-development and creative expression are equally real. If there were not in the client, the patient, the student, and in us all some unrealized potential for spontaneous psychological growth and a creativity that may be directed toward the achievement of a more inclusive, better integrated self, all our talk about helping or learning would be of no avail.

This characteristic pattern, which begins to form itself from the moment of birth, is in truth no mere automatic or mechanical reflex; it is, from its inception, the expression of whatever of organization the infant self is able to achieve in feeling its own needs and struggling blindly for fulfillment. The pattern becomes the actual structure of the self and is backed by all the energy of the organism as far as it can be held within the limits of the conscious ego.

My objection to the word "ego" is that it either seems static and harmless or by implication harbors the taint of something one should not be or have. Even self, with its ethical connotations of selfish or unselfish, is too passive a word to carry the forces that are first brought into some kind of organization to protect the baby from external threat and to express, as actively as he can, his internal necessity. I feel the need for the word "will" to carry, on all the levels of growth, the controlling and creative forces that make the child hard to train and every individual hard to help.

In the child, that ever-active will is more apparent in the capacity to resist, to refuse, than in its power to choose positively, to create. Perhaps for all of us even as adults it is easier to know what we do not want or will not have than to move toward the self-chosen goal positively. This is what is meant by the originally negative character of the will, which gets organized primarily in opposition just as consciousness grows on the necessity to meet problems.

If all threat came from the outside, the problem of psychological growth would be simplified. Actually, the living forces of the physio-

logical organism do not come into the control of the consciously felt and relatively integrated self easily and naturally, and never completely. They are as much of a problem for the individual as the forces in the environment, indeed far more of a threat, since he can in no way escape them and they represent the inevitable life process that leads not only to a desired maturity but, finally, to death. They are the very source of his individual life, but because he cannot know and control them completely he fears them, and denies, represses, refuses, or resists in a necessity to hold on to whatever of self has been achieved. Only at points of growth crisis, where the pressure for further development becomes strong enough to overcome the fear of change and disruption, is the ordinary individual brought to the necessity of enlarging his hard-won integration. Genius seems to belong to another order—where the overwhelming necessity to create goes beyond all refusal or purely negative ego control. In trying to state the internal aspects of growth, I leave out for the moment the persons in the environment on whom or by whom growth crises are precipitated, but always these relationships are effective in the formation or modification of ego structure and in the acceptance or rejection of the underlying life forces by the individual will.

The possibility of providing for the individual in need an artificial growth-releasing situation is, in my opinion, the epoch-making psychological discovery of our era, a discovery that may yet be found to be more momentous for the future of civilization than the unlocking of the forces in the atom.

We cannot, of course, ignore the fact that religion and education have laid the groundwork for both group and individual helping and will continue to create channels through which socially desirable goals are advanced, but neither church nor academic school possesses the secret of the professionally controlled helping situation as it is found in social work and psychiatry.

In spite of fundamental differences, I think all schools of thought might agree on the significance of the professional character of casework and psychotherapy. For the individual, who from birth has never known any but personal relationships as his medium for development, suddenly to find himself able to project upon a person

who is there for him, not using him for counterprojection, must in itself be felt as profoundly new and different, fearful perhaps, even in its potentiality for release. Only genuine necessity, a need too deep to be ignored and beyond the individual's capacity to meet on his own, will enable him to overcome the initial fear that the first touch of this unknown one-sided relationship can arouse.

Perhaps agreement would also go so far as to stress the fact that, in the relative absence of counterprojection by the helper, the individual may go further in experiencing his own growth impulses than he could ever do when conditioned at every turn by the other's continuous need and use of him. Only when the essential social medium can be weighted in his favor by the professional controls of social work or therapy is the individual freed to discover and take over his own projections as well as to feel his own spontaneous movement toward self-development.

Yet another principle necessary for the successful utilization of a professional helping situation would probably be accepted by all of us, at least verbally; that is, that the situation must be chosen by the individual. Only if he wants the help offered through a particular service will it be possible for the helper to function. Thus growth itself, as far as it depends upon professional relationships, can be refused by the very person who needs it most. We may know in general how the growth process can be released through professionally created conditions, but no one will ever be able to control in actual practice the way in which the particular individual will respond. He can be forced or induced to come perhaps, but his constructive utilization of the situation rests always on his own determined and persistent effort or, as we say mildly, "he must choose it," often making of that choice a simple intellectual weighing of alternatives.

Now I can no longer avoid the areas of disagreement, the spots where the functional and the nonfunctional part company, if they have not already done so. For, in my belief, this growth process as we know it, in terms of personality development, is a stormy, painful affair, which is not to deny that we want it more than anything else in life. Nothing produces the depth of satisfaction that movement to a new level of integration affords. No love relation, however ful-

filling, can outweigh the joy of a new-found self, nor can it compensate entirely for the self-development that the love relation may hinder.

The basic need of the individual, after all, is not pleasure but more life, to make more and more of the underlying energy accessible for integration, to go with the life process instead of fighting it and to find and use his own capacity for relationship and for creativity, however slight. Pleasure, or better said, satisfaction, attends the active, successful expression of the organized will; it is a by-product, not a motive or an end in itself. On the whole, pleasure is a word for little satisfactions, the enjoyment of moderate projects that involve not too much of the self, nor too important issues.

This leads me suddenly to training as we know it in the Pennsylvania School, where reliance on the nature of the growth process as I have described it characterizes our conception of learning and determines the structures we utilize.

One criticism of this conception of training is frequently voiced in the question, "Does learning have to be painful?", or in the assertion, "The Pennsylvania School makes learning painful." The answer to the question is that the kind of learning that rests on growth change as essential can never be made painless. Personality development, directed toward a goal, is a costly process and, in answer to the accusatory statement, is impossible to impose on anyone. The pain will be tolerated by the student only when it comes out of his own struggle to reach a goal that he has chosen and must choose again at every step. And only as he experiences a kind of satisfaction in self-discovery that is paramount will he gain the conviction to sustain him in his course. The definite, known-in-advance time limits that give training its underlying characteristic structure also contribute to support the student in his purpose.

There is no one person in the training process to represent the helper. The helping function is dispersed and, in the Pennsylvania School, may be said to be carried by three persons, each of whom has a vital role to play: the adviser, who is also the teacher of the student's practice class, and is finally responsible for being related to his progress at every point; the supervisor, who is not employed by the School, but carries on student training within his regular job

in an agency, and is geared to School time structures and standards through a sustained relation to the adviser; and the teacher of the personality class, who is concerned with helping each student to examine his own reactions to the training process, the positive and negative aspects of his own will and the feelings that attend it.

It is clear that this triangular distribution of the training forces gives to the process a character quite different from casework, from supervision, and from therapy. In one sense the student is subjected to far more powerful pressures than the client or the worker because he is related so intimately to three helpers. On the other hand, these helpers are truly there for him, in so far as he has entrusted to them the responsibility for his professional development. In other words, he has asked for the kind of pressure to reach a training goal that a school of social work represents. Moreover, in their common understanding of the training problem, and in their ability to differentiate their respective roles, they offer a unique opportunity for the student to use one helper to reach the others. His problem can be broken down and its too total quality mitigated by the fact that he is not confined to one source. In addition, the student has the stimulus, the support, and the comfort of the group process, in classes that are bound together by a community of goal and training experience. Nowhere is this group support more essential than in the case of the advanced student.

The applicant for the advanced curriculum differs from the first year applicant, in that he comes as a trained worker, supervisor, executive, or teacher, whose purpose is deep-seated and consciously arrived at. Usually he is a graduate of another school. He has some awareness of what he is undertaking and has counted the cost financially and in terms of personal and professional inconvenience. He would not apply if he were not aware of a lack in his professional skill. He knows in the abstract that it will be hard to become a student again, but he has little conception, nor can he be given it in advance, how great will be his resistance to the concrete experience of being supervised, or how deep the pain of realizing the "not knowing" and "not being able." For, even in the case of the advanced student who comes with previous training and substantial experi-

ence, the School's basic understanding of fundamental learning as requiring psychological growth will be maintained.

Therefore, from the point of application, the student who enters the advanced curriculum accepts, as far as he can beforehand, the School's expectation of change in his professional self as already organized, but he is hardly prepared for the kind and degree of fear and resistance that will begin to emerge in terms of his own particular pattern as he feels himself threatened by the training situation. The more he brings of ability, experience, and professional purpose, the harder he finds it to let himself become sufficiently disorganized to entertain the new and to use the help the supervisor is so ready to give. As a rule the classes and the teachers are less disturbing. Resistance in one form or another tends to focus on the practice, where lack of skill cannot be rationalized. There is no need to manufacture pain; one's obvious failure to give the help the client is seeking is sufficient cause.

I am reminded of one gifted student in the advanced curriculum, whose previous experience as a successful student-supervisor for another school made it unusually hard for her to take on the student role. Her strong denial of the resistance she had known so well in her own students kept her from using the agency supervisor to whom she was assigned for casework practice. She held out for a good six weeks of the first semester and seemed incapable of feeling, much less expressing, any really strong negative to a supervisor whom she admired and respected. But she was not learning and she knew it, for no one realized more keenly than she how lacking in helpfulness was her work with children and foster parents. The time pressure inherent in the semester, which is utilized to the full by teachers, students, and supervisor, began to make itself felt. Conferences with the adviser clarified the problem and left it firmly on the student. If she could not, she could not. The School would have to accept it, but unless she could give in to a real use of supervision, there would be no learning process for her. For this particular student, able to see anything theoretically, suffering from her own failure to work skillfully, and guilty for the loss to her clients, the crisis came suddenly and in an explosion that amazed her no less than her supervisor. She described it later in writing:

However, in one conference all my fear and all my rage exploded into words, into anger at my supervisor and at this [learning] experience in which I felt myself caught. In the heat of the battle I had to realize that it was my battle—no one was fighting me. I had to see how fearful I was of this situation which I could not control: how I feared what another person might do to me, if I did not control them. . . . I cannot recreate this experience without marvelling at the amount of pain there was in it for me, and yet apparently it was the only way in which I could make a beginning. It was truly a beginning, too, for in sharing in this tremendously negative way all my own fears and anger, I had somehow put myself into the relationship and could recognize what was mine. I could see my supervisor as herself without my negative projections and myself as myself. . . . Now I could know, too, with what passion and force a person can resist the help he is asking.

One may well ask: But is it legitimate or even possible to put mature, experienced social workers through such an experience? The answer, and the only answer, is that no one "puts them through." If learning is to be other than an intellectual consideration of ideas, if it really demands a change in the already organized professional self to permit a new development of skill in helping, then it will be resisted as intensely as it is sought but it will be lived through for the sake of the gain to the very self that was able to hold out against it. Age is no barrier, up to a point. Psychological growth seems to be just as possible, as real, and as satisfying, to the student who has left forty well behind as to the student in his twenties. In fact, I cannot recall in my experience any advanced student whose learning was blocked primarily by age. Every student, advanced or beginning, will meet the training situation, as we know it, with fear however disguised, and with resistance however subtly expressed. Until that beginning phase is over, and some yielding to the need for help takes place, there will be no taking in of the new, and no change for the better in practice. There follows the characteristic form of the growth process as one finds it in all forms of professional helping, a yielding to the need for help, an unburdening of the self in projection, and gradually a taking back into the self, with new tolerance and responsibility, the parts that have been deposited upon others.

The original resistance to help seems to be based on a rejection of need for the others, as dangerous and unjustifiable weakness. "I should be able to do it myself" is the typical explanation. Only when

the fear of this need is overcome and the incapacity of the self to progress alone is admitted, does the positive phase in the process dominate the picture. Then, pleasure in the strong, sustaining relationship, with the supervisor and through him with the agency, is matched only by an unbelievable improvement in practice and, simultaneously, by a sense of change in the self. This typical growth cycle is repeated in lesser swings and on different levels as the mid-term and semester time limits introduce new beginnings and endings. With every repetition the student's capacity to understand and bear his own pattern increases. Finally, it is the time structure of the school year as a whole that brings the training process through to an ending with a thesis based on the student's development in practice, to carry the separation experience and to give expression to the newly integrated professional self. Only those who have seen students move through this learning experience can know with conviction how joyful and rewarding is this final evidence of professional development.

The training structure that can utilize this conception of the psychological growth process for vital learning is not easily developed or maintained. It implies the kind of living organization that makes a social agency truly an instrument for giving help, based on a oneness of purpose and a common understanding of training and of learning conceived as necessarily involving the whole self of the student. Above all, it rests upon a sustained relationship between school and training agency, as it is expressed in the shared concern of every adviser and supervisor for the student, whose training depends on the genuineness and effectiveness of their relationship. The school's understanding of what it costs the agency to take students, its basic identification with the service the agency gives and its way of giving it, must be balanced by the agency's trust in the school and its training and by its experience of value received through student supervision and school connection. Only thus can the manifold differences that must arise in this complex interrelationship between school and agency, between student, supervisor, and adviser, become the dynamic that vitalizes the training process and makes possible the attainment of its goal—the achievement of a reliable professional self for every student.

The Contribution of Education for Social Casework to Practice

By CHARLOTTE TOWLE

SOCIAL WORK AS A PROFESSION long has been concerned with the development of the individual recipient of its help. It has been concerned with the education and reeducation of individuals and groups in the context of a helping relationship. Among the professions, social work educators pioneered in conveying knowledges of human behavior in order that students might understand those whom they serve in order to foster their development. Early it became clear that unless these knowledges were taught so that they effected change in the learner, they would remain a useless superstructure or an obstacle to his professional development. Accordingly, social work educators have had concern to institute a process through which essential personality change might occur for the assimilation of learning for use throughout social work practice. In this discussion I will focus on the place of social casework learning in this process.

I am confining my discussion to what the educational process can do for the educable adult. By this I mean individuals who have intellectual capacity for the work and whose prior learning habits and educational foundation are suitable and adequate. I mean also individuals whose personality growth has not been seriously obstructed by the deprivations and unresolved conflicts of the early years so that their emotional needs are oriented to reality; those persons who have a well-developed ego-superego structure, which implies that the parental and cultural ego has been sufficiently incorporated to be theirs to use freely. Their inner conflicts in so far as they have been basically unresolved are being quite adequately handled through constructive ego defenses. There may be latent neurotic tendencies, vestiges of unincorporated superego which may

cause learning problems from time to time as defenses are threatened or undergo change in the growth process of professional education. In view of the fact that a well-developed adult ego implies that the individual has experienced and survived much change, I would expect a well-entrenched tendency toward progression and sufficient inner security to live beyond self, to endure temporarily some tension and disequilibrium, and to make learning a conscious process.

It is obvious that there will be wide variation even among educable students in the extent of change demanded by learning for the attainment of the objectives envisioned. With all, however, the experience will engage the emotions deeply and the inevitable stresses as well as those incurred needlessly through the disorientation of our educational systems will mean that the integrative task will be heavy. The integrative function of the ego will be worked to such a maximum that there may be periods when it is functioning below par for a given individual.

Dr. French¹ formulates the integrative task in learning as follows:

I want something very much—wish strong. I fear greatly the consequences—fear strong. The integrative task is heavier where the intensity of affect is heavy. Learning becomes traumatic when the integrative task is greater than the integrative capacity. When anxiety mounts beyond bounds, considerable disorganization can occur unless the student is successful in defending himself against it. Stereotyped behavior is a well-known defense against disorganization and lets us know that learning has become traumatic.

The question is: When does learning prove to be traumatic, under what circumstances, at what stage of learning, and how much affect is tolerable for integration? On the whole, this is a highly individual matter.

It has been noted in social work that the initial stage of learning is characterized by much anxiety, by repetitive effort, and other responses which suggest fragmentation and stereotyping. Close scrutiny often will show slow but progressive development. The individual is experimenting variously, he is learning by his mistakes, thus learning is not interrupted. The defenses are the ego's

¹ Thomas M. French, M.D., discussion of lecture on "Psychotherapy as Social Learning," by O. Hobart Mowrer, Illinois Society for Personality Study, January 9, 1950.

resources serving for economy and equilibrium. It seems that there is no fixed time when learning becomes traumatic nor is there one traumatic threshold. There are wide variations in the degree and nature of change which social work education will imply for individual students. There is diversity, not only in the degree of discomfort, anxiety, and resistance, but also in their timing and in the individual's capacity for integration.

Stresses which are traumatic and hence interrupt learning will vary from individual to individual. They will differ with the same person with time. They will fluctuate with the same person in different areas at different times depending on such factors as fatigue and repetition. Furthermore, there will be variation in the usefulness of certain defenses, for at times they facilitate learning through controlling its tempo in relation to the learner's integrative capacity. The capacity to survive a trauma will often hinge on the elements of hope and confidence.²

The implication of all this is, first, that educational measures to help the student deal with learning problems will have to be individualized, even though the content of learning, the demands in general of professional education, cannot be individualized; secondly, that it is important to differentiate repetition for mastery from stereotyped responses in the early stage of learning for differential helping measures; and thirdly, that educational measures widen the ego span through their positive nature, oriented to instill realistic hope and to engender self-confidence whenever possible.

Professional education as a reeducative process has to fulfill a task which is essentially equivalent to a change in culture. Since the individual's attitudes have been formed through his dependence on relationships and through his response to authority pressures within the family and other organized groups, Kurt Lewin holds that one of the outstanding means for bringing about acceptance in reeducation is the establishment of an "in-group," that is, a group in which the members feel belongingness.

A profession is an "in-group" to which new members are motivated to belong and where common knowledge, sentiments, attitudes, convictions, and practices prevail. A professional school, even more than the profession itself, is a social situation in which a strong

² *Ibid.*

"we feeling" can be created so that as students in a very real sense enter a new culture they can put forth their roots and get a sense of belongingness through identification with mentors and colleagues as together they learn.

Having the emotions uppermost in mind as important in learning, we are fully aware that in an educational situation the means to the end of effecting change in feeling is through the intellect. New ideas, new intellectual orientation, may bring a change in feeling, thinking, and action in the context of an influential relationship situation. In professional education, both in classroom and field, we bank heavily on this occurring. In the educational situation the initial approach or attack is upon the intellect. Feelings are provoked, and while these feelings are of primary importance in determining what the person learns and whether or not he is able to learn, they must have a secondary place. They are to be dealt with through educational method, which is a vital constituent in what Lewin terms social atmosphere. This is in contrast to the psychotherapeutic situation where thinking is imparted as feelings are expressed, released, understood, and as they have changed. Thinking nicely timed to the individual's psychological readiness cannot obtain in the classroom or in field instruction. Hence, an educable student is one who can stand up to an intellectual approach, to content imparted without reference to his emotional need of the moment. "Stand up to" implies that the feeling provoked will not be so great and so involving of the total personality, basic conflicts, etc., but that he can deal with his feelings with the help of educational methods which give recognition to the place of the emotions in the learning process. For this a positive relationship between learner and those from whom he learns is decisively important. Within the total educational system social casework learning, with its supervised field experience and discussion courses, becomes a core experience and major determinant of the student's development. The student's over-all learning experience might be described graphically as occurring within three concentric circles which revolve around him at the center.

The field work instructor is the inner circle, closest to him by reason of regular individual contacts, by reason of the fact that she

helps him put his new learning to use.³ Since the demands of the field from the very start proceed at faster tempo than learning can be implanted in the classroom, his field work supervisor is helping him when he most needs support, through supplementing the classroom instruction. Throughout his training she will be most closely engaged with him, as he undergoes change, as he ambivalently resists and accepts the total learning. The nature of this relationship is decisively important for the student's initial orientation to, and continued use of, the school as a whole.

The next line of relationship, the middle circle, will be with the classroom teachers, and there will be great variation in their import for a given student, depending upon the subject matter in relation to the student's interest and aptitude, depending upon the personality factor and the methods used. It is common opinion that courses taught by the discussion method make for more meaningful relationships between students and instructor. Personality factors and skills operate here, however. Strong connections may be established by students with a didactic teacher. Like "F.D.R." in his Fireside Chats, some instructors have the capacity to talk with rather than to students, engaging them deeply without their verbal participation. There is wide variation also in the nature, extent, and depth of relationship established by the discussion method, depending on the instructor's attitudes and also his skill in eliciting and sustaining responses. A negative relationship of a hurtful nature and a positive one helpful in the learning process are both possible through this method.

The third, and often at the start the more remote circle, is the school as an institution, as represented in the administration. A positive relationship engendering security and freedom to participate in some management of his affairs may develop between the student and "the administration." This circle may remain peripheral, remote, and threatening, the top authority to which the student in the last analysis finally is accountable. "They" may loom large in his mind as those people who set requirements, who are responsible for the whole beneficent or iniquitous system, and who

³ The feminine pronoun is used, though men often supervise, to differentiate supervisor from student.

finally pass judgment on him *in toto*, as a success, a mediocrity, or a failure. Fortunately, the organization of the school of social work, by and large, operates against this occurring. The fact that in most schools, administrative faculty teach, that they serve as advisors and as coordinators of field and classroom, that methods of orienting students at the start have the purpose of relating the student to the school as a whole, that social work faculty and students are "democratic process conscious," all have tended to afford the student a relationship with his school at the administration level. Today there is recognition that this experience constitutes essential professional preparation for a social worker's subsequent administration of services from within an agency of which he must become an integral part.

It is clear that the student could well become dizzy at the center of three revolving circles if they were to operate separately. They must be interconnected; in fact, they must soon become a pattern, closely woven and of clear design, which supports rather than entangles. Because the relationship with the field supervisor is most meaningful, and the field work most deeply engaging, it is easy for this component to become split off, walled in within the whole. The field versus the school is an ever present problem despite various coordinating procedures to prevent this happening. Decisively important is the field work supervisor's respect for, and acceptance of, the student's total program and of the several other relationships which are being meaningful to him. She must be staunchly identified with the school as a whole, if the student is not to turn his back on the classroom when he reaches the field, and if he is not to be resistive and in conflict in the classroom, whenever inevitable discrepancies in practice and theory arise. The finest coordinating procedures will have negligible values in the integration of classroom and field if the supervisor is not aligned with the aims of the school, and does not greatly respect its demands beyond the field work requirement. Students as they spin their connecting lines between classroom, field, and administration need to find the school an organic whole. There must be sufficient unity that they get a sense of one relationship in which the specific relationships may vary in importance from time to time. This sense of oneness will be obtained in

so far as students in all their contacts with faculty in school and field consistently find the same attitudes toward people. This implies the same basic philosophy of social work, a like set of values and fundamental purposes and aims that are identical. It is essential that social work educators be conscious of the fact that their teaching, helping, administering relationship with the student determines in large measure his very capacity to work purposefully with people in ways appropriate to the profession, whether in the helping relationship between worker and client, in collaborative work with colleagues, or in his relationship with subordinates and persons in authority within the agency hierarchy.

As the individual engages in social work learning, it has been emphasized that the relationship with those from whom he must learn tends to recreate the first learning experience and to activate the conflicts of the early years. It is important that this not be over-emphasized and to bear in mind the fact that the educable student, as specified here, will not be thrown back literally and completely to the first stage of individuation. One need not anticipate, therefore, deep regressions, profound negativism, and an authority-dependency conflict of infantile character in which hostile aggression is pronounced. The educable student, however, may undergo considerable dependency on two levels:

1. Realistic dependency created by lack of knowledge, understanding, and skill to meet freely and confidently the demands of the job.

2. Emotional dependency engendered by several factors: his realistic inadequacy; the psychological threat of enforced change in himself; the activation of the vestiges of authority-dependency conflict of the early years; and finally by the meaning to him of those who are dependent upon him for help. Often the young adult will have conflict about giving way to his dependency needs. His total being may assert, "Of all times and places, I must not be dependent here and now." This is commonly seen in students not seeking the help they need. One fact is well established: the stronger the wish to be dependent, the more anxiety there will be about it except in those students who have small reaction formation against their infantile impulses.

In spite of the universality of some responses in relation to the educational sequence which is the same for all, each student's use of the relationship will be individually patterned and timed. Learning will proceed in spite of the stresses because of several factors:

1. Not having a strong wish to be dependent, he will have minimum anxiety and little if any guilt about his realistic dependency. He does not feel basically inadequate through not knowing. His past success in mastering knowledge, his foreknowledge that order will come out of confusion, as he exerts an effort to learn on his own and through others, will give him hope. He is free to seek help and to take it because in early learning his relationships were predominantly positive and gratifying rather than negative and frustrating. Consequently, he brings little hostility toward those who help him and hence minimum guilt and anxiety. Not having been dominated by parent persons, he has minimum fear also of the loss of self-mastery as he enters a relationship in which he must look to others for guidance.

2. The enforced change causes some discomfort, but he is not put to rout by it because much that he brings will be useful. His ways of getting his needs met, of controlling his needs, and of meeting the needs of others will not be wholly unacceptable. It will be a matter of modification, of different use of what he brings rather than total basic change.

3. In so far as the superego has not been incorporated, there may be some areas of conflict, some reactivation of early dependency-authority tensions. In view of the fact that his heritage, the parental and cultural ego, has been made largely his own, it is his to use freely. Consequently, he will be free to change, and there will not be profound anxiety, as created by deep and entangling attachments to the past. The vestiges of childhood still present may be outgrown and the fragmentary unresolved conflicts may be resolved as he accepts and uses the relationships in this educational experience.

4. His identification with those who are dependent upon him causes discomfort and anxiety, but because it will not activate basic feelings of inadequacy and early conflicts through recreating painful life situations, he will not have an insurmountable task in separating himself from others. His growth, his emancipation from

parents, has involved other separations; in fact, he brings to social work considerable capacity to identify with, and to separate himself from, others. And finally, in so far as his needs in relationships with those upon whom he must depend and those who depend upon him become conscious, as they must if he is to assume responsibility for the conduct of professional relationship, he will not be confronted with such painful self-awareness that he finds it intolerable. The immature or neurotic student will present a different response throughout so that the educational relationship will necessarily be modified.

What are the qualities of the relationship which educators should afford students in order that desirable patterns for professional relationship may be formed and in order that learning may be integrated? I state only general principles for differential use, with emphasis that the first principle is an unwavering intent to understand the student's need as evidenced in his attitudes, in his responses, and in the learning problems which call for help. Since the effects of the total educational experience are being revealed in his field work, and since the field work supervisor has the closest and most continuous relationship with him, I concentrate on the important elements in the student-supervisor relationship.

1. At the very start and throughout, the supervisor should meet the student's realistic dependency freely and fully, thus conveying that he is not expected to know everything and that the supervisor is there to help. Permission to seek help will be implied in the matter-of-fact proffering of it, but the supervisor's helping function and the student's responsibility to seek help should be defined as implicit in their working relationship. Naturally, as training progresses, the student should be expected increasingly to assume this responsibility. Naturally, also, as learning progresses there is a gradual decline in need for help and a growing tendency to learn on his own. Thus his realistic dependency is accepted, and the threat to his ego is eased because he feels adequate in taking help.

In spite of the clarification of the supervisory relationship as a teaching-helping process, as the student moves into experiencing help, discomfort may be revealed in many ways. These responses should be dealt with variously as they are manifested. In so far as

the help given has enabled him to be competent, more than transitory feelings of inadequacy will not arise, unless help in and of itself activates underlying conflicts about dependency and authority. Developmental norms have an important place in orienting supervisors to realistic need for help as differentiated from psychological dependency. They help her determine how much help she realistically should be giving as training proceeds, thus they enable her to identify learning problems for exploration of their bases with students. Often norms are useful in reassuring students when they are discouraged and anxious about criticism. Learning should be a conscious process, and this implies that the student should see the evaluation of his work in relation to norms for individuals at his stage of training.

In this educational situation it has been noted repeatedly that knowledge imparted freely, that is, timed to the demands which the field work makes, and help given freely stimulate growth rather than regression. Students whose realistic need is met in this way do not establish a pattern of undue dependency on the supervisor, because helplessness and anxiety have been kept at a minimum. As a result, hostility and guilt, the well-known basis of demanding dependency, are not engendered. The conflicts of the student with marked neurotic tendencies, the student with a persistent ego-superego conflict, however, will be brought into bold relief by this approach. As certain limited help is extended in relation to his disturbed feelings about the reality demands of the working relationship, he may or may not be able to use the help. Thus help focused on his reality need and his complicated feelings about it will test his educability. As students experience ready acceptance of their realistic dependency, as they experience some help with their feelings about it, and as they sense the lack of anxiety and of condemnation in the supervisor, they are prepared to meet the realistic dependency and disturbed feelings of the client with like attitude and response.

2. Along with the easy acceptance of the student's need for help there should be ready affirmation and use of what the student brings to the situation. His thinking, his feeling, and his doing whenever appropriate should be acknowledged as valid and used to the ut-

most. When not useful, they should be acknowledged with understanding and, if true, accepted as useful in other situations. From the first case reading, case discussion, and case contact, throughout, the student should feel himself to be as competent as possible. His active participation is sought from the start because first experiences in a new situation are pattern-setting. Feelings of helplessness, frustration, and rage are to be avoided in so far as possible, because he must begin at once to help people who often are feeling that way. When he feels like the client, the pain of the situation either may inhibit a desirable degree of identification with him or cause a too intense identification. When minimum help in rendering services and minimum support of their own resources are given students at the start so that they are left to function poorly rather than competently, they do not gain a deep acceptance of their own or of the client's feelings. Instead, their own disturbed feelings about asking for and taking help, and their own disturbed feelings about their incompetence, may block insight and understanding. It is a well-established fact that emotional involvement produces blind spots and insensitivity rather than understanding and sensitivity. It is reassuring to a student early to know that he cannot be expected to comprehend fully the client's feelings when his experience is beyond their own. He can, however, develop an attitude of readiness to understand and to help. It is this feeling rather than like feeling which the client needs to find in a worker.

An additional danger for the student in precipitating helplessness and disturbed feelings about taking help is that at an early point, the supervisor focuses on eliciting the expression of his feelings for self-understanding. He may thus be driven to the expression of negative affect, and to self-awareness at such a rapid tempo that he becomes painfully self-conscious and anxious about the hostility revealed. In such instances a fearful withdrawal from a too-involving supervisory relationship may occur, or great dependency may be engendered out of his need to submit for safety. It is important that identification operate as a positive means to learning rather than that the student identify with the supervisor as a defense. When the latter occurs, learning may not be incorporated. It may be submitted to, used ambivalently, and later reacted against.

It is desirable that the first help given a student be focused on the conduct of his work, which he has come to learn to do, rather than on his needs and responses in the helping relationship. His primary purpose in coming to a professional school was not to get help with disturbed feelings, in the area of his dependency-authority conflicts. As he gradually experiences help focused on his need for it in relation to work demands, these conflicts will emerge if they are there. They can be dealt with gradually in the context of a more secure relationship with the supervisor. The principle is that it is inadvisable to engender and to precipitate the expression of too much affect early in the learning experience. One trusts that the student will grow less defensive and increasingly free to express his feeling as the educational demands exert pressure and as progressively he has experienced the supervisor's intent to understand in order to help both in her attitudes toward clients and toward him. Students thus have an experience in which they are "done to" as they must do, namely, affirm the client's strengths, respect his defenses, and travel with him at his tempo in eliciting and in dealing with his disturbed feelings.

3. Throughout the student's training the supervisor will avoid making unrealistic demands but will firmly insist on his meeting realistic demands. One of the continuous problems in field work is that of avoiding unrealistic demands. It is difficult and often impossible to assign cases which represent orderly progression from simple to complex. When a big step ahead confronts the student, the supervisor when possible should give additional help so that he may meet the enlarged demands rather than overlooking or waiving them. Critical evaluation always should acknowledge the factor of accelerated learning, particularly when it has operated against the student's doing as well as he might have done. Reassignment of cases naturally is indicated when their demands are beyond the student's ability to use help in meeting them. One of the important learning experiences is that the client's welfare comes first, and that we do not in good conscience assume responsibility beyond our capacity, or beyond our time limits. This reintroduces the factor of the field supervisor's alignment with the student's program as a whole. In judging the student and in determining what help it is realistic or unrealistic to give, she should have a weather eye out

to the impact of his program at a particular time. She must not assign work beyond the field work time limits.

Learning becomes traumatic when pressures are too great. Fatigue may be a factor in interrupted learning. When demands are excessive, one may note anxiety and defenses, one of which may be temporary regression as evidenced in projection of responsibility and increased dependency. Or one may note stereotyped production in which the student is giving only part of himself. In the interest of survival, students will acquire ways of "getting by." They will have had an experience in submission, in pretense, "in seeming to be rather than in being," which is not conducive to the development of professional integrity. In short, when the integrative function of the ego is overworked, its protective function is called upon for overuse. In such instances, the defenses erected operate against integration rather than for it. In so far as students are treated with that consideration implied in making realistic demands, and in understanding pressures and in helping them meet unavoidable stress, they have experienced a helping process during stress which should sensitize them to the need of others for supportive help under stress. We cannot expect social workers to be understanding of hardship if their own stresses have been excessive and not understood.

Social casework educators gradually are learning that they must be teachers as well as practitioners, that there is a content of knowledge and skill in educational practice for mastery if they are to help students integrate professional learning. Among social work educators, social caseworkers have had an experience in the reeducation of individuals, the basic knowledges and principles of which can be translated for use in professional education. As they now supplement this with knowledge of teaching methods, they may better orient the student's integrative task to his capacity, through such measures as: structuring the sequence of learning in the casework courses so that it progresses in orderly fashion from simple to complex through the nature of the case selection, readings, assignments, examinations, and the conduct of the discussion; the conscious use of repetition so that it moves forward, keeping the old alive in the new for mastery while moving; the avoidance of stereotyped repetition; supporting the student's natural tendency to select in order to defend himself against the "too much all at once" by

helping him partialize and focalize through putting first things first; helping students integrate through systematic attempts to synthesize and generalize. This implies teaching comparatively, helping them relate parts to parts and to the whole, helping them formulate principles for use in varied situations; keeping learning a conscious process. In professional learning which presents a continuum of new elements, conscious intelligence must operate continuously, since automatic responses are not sufficient. The student will be less confused and better able to keep the management of the learning situation in his own hands if he understands the process in which he is engaged. This involves orienting him to the aims of educational content and measures and to the purposes of procedures. It involves also helping him see and feel immediate goals as steps toward remote objectives, thus avoiding the frustration implied in postponed gratification. Such measures as these which ease the intellectual stress of learning promote stability and free the individual from many emotional involvements which might interfere with his orientation to reality.

Professional education must afford students a relationship which they can trust and use throughout the educational experience in relationship with the faculty individually and collectively. It is hoped that students consistently will have had an experience in being treated as they will be expected to treat others. It should follow that they will have grown in their intent to understand, in their capacity to identify sensitively, and to separate themselves from others, in their inclination for self-understanding, autocriticism, self-discipline, and in strength to stand up for their convictions. Having experienced a helping process in which they have survived stresses in large part because they sought and took help, it is hoped that their respect for the recipient of help will have deepened. Having experienced frustration through their own limitations and through the limitations of their profession in society, in the context of a relationship which has eased the trauma, it is hoped that they go forth with increased capacity to lose without losing. In terms of their personality structure, their professional education should have instilled that hope which widens the ego span and strengthens its integrative capacity.

The Multidiscipline Approach to Child Development

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THE CONCEPT OF THE CHILD as a human being, whose development is influenced by a multiplicity of factors, has been held for a great many years. These factors were usually designated as physical, social, and psychological. The tripartition of the field of child development in this way sounded convincing, as one could hardly imagine what scientific data could result from research that would not fall into one of the three categories mentioned. What seems to have happened, however, is that with the labeling of these categories of significant factors, there was a slackening in the drive to discover the specific influences and the extent and manner of their importance in the life of the child. Research interest seemed to be diverted into preoccupation with a fragment of one or another category as various isolated aspects of child life were investigated.

But with the emergence in modern times of the concept of the whole child as a living being in intimate, dynamic relationship with his significant environment, the approach to the scientific study of the young child changes. In harmony with today's concept that the child can be understood only in terms of his integration with relevant biological, social, and psychological forces, the field of child development can no longer be segmented into several dissociated professional domains. Rather, there is the recognition that child development is concerned with the integrated knowledge and philosophy of the several professions working together as a multidiscipline team. In this modern team, each representative of a particular scientific discipline is aware of gaps in his knowledge and of the

tentative nature of some of his scientific formulations. Therefore, there is an intensification of research and study in each scientific discipline. At the same time, while much has to be learned about child development by each profession, every team member has to learn a certain minimum about the contributions of the related professional fields. The impetus for such learning comes not only from the concepts of the whole child and of the multidiscipline approach to its study, but also from the fact that specific knowledge exists and needs to be made available to the colleagues of the other professions.

This state of changing affairs affects vitally the social worker's role. We shall consider the significance of the contributions of some of the professional disciplines in the field of child development today and to examine the resulting implications for the training and functioning of the social worker in the multidiscipline team. Since the term "social worker" covers a wide range of professional activity, we shall limit ourselves to the conception of the social worker as a member of a multidiscipline team in the field of child development.

In commenting upon the contributions of the several scientific disciplines to an understanding of child development, we should say that the fields of psychiatry, psychology, pediatrics, and psychiatric social work are more familiar to us than are those of education and anthropology. Our remarks about the several fields are based upon experience either as practitioners of one or another discipline within the field of child development or upon collaboration with colleagues from the related professions.

Psychiatry was concerned, traditionally, with the diagnostic classification of emotional deviations of the child and, to some extent, with prognosis. This approach was changed with the advent of the psychoanalytic study of the child. Psychoanalytic theory introduced the dynamic, the genetic, and the structural viewpoints in developing the concept of personality. The interplay of conscious and unconscious factors, the multidimensional composition of the personality, the basic concepts of emotional conflict and of the defense mechanisms were among the ideas that emerged. A fuller understanding of emotional and mental pathology then resulted. In turn,

this deeper comprehension of emotional dysfunctioning helped to clarify the formulation of the genetic stages of personality development and of normal growth patterns. Thus, specific treatment techniques could be developed; and the link between pathology and normal development could be made.

In practical terms, and of special relevance for social workers, teachers, and others working professionally with children, psychoanalysis has contributed a good deal to the clarification of the child-parent relationship. Some understanding also has been contributed of basic needs and of sublimation and their processes in childhood.

Originally, psychoanalytic techniques concentrated upon the unconscious components in the child's mental life. The modern emphasis, however, is upon studying the ego more comprehensively. Since this is the only area of the child's personality that the social worker handles, the two professions meet in the field of child development; that is, child analysts and social workers both study the whole child in terms of conscious ego aspects. But unconscious ego functions remain the professional interest of psychoanalysis.

Psychology's traditional interest in child development was psychometric. Whereas psychiatry was interested only in gross deviations from the norm, psychology's initial interest was the definition of the "average" child. From the time of Binet, child psychology was dominated by psychometry and usually limited to the measurement of intelligence, with intellectual capacity regarded as an in-born trait. The so-called "normal" child was the focal concept, with extreme deviations from the norm—at one end, the "genius"; at the other end, the mentally deficient child—defined in terms of statistical approximation or remoteness from the norm.

In the further development of child psychology, the variations within the normal are yet to be investigated. Research should be directed to finding a diagnosis of the personality of the individual child, showing the individual modes of functioning at certain ages. The clarification of such individual patterns of reaction would link child psychology and child psychiatry, psychology having approached the description of personality from the normal to the deviant, and psychiatry from the deviant to the normal. Only by knowing these patterns of reaction could one predict how a certain

individual will react to a situation that is traumatic at a certain age. For instance, patterns of reaction to toilet training at certain ages would be relevant to personality description in the present, and, to some extent, in the prediction of future personality manifestations. Similarly, many significant personality traits may be derived from relatively enduring patterns of response to significant life situations at given ages.

Like psychiatry and psychology, pediatric medicine has modified its approach to the study of child development through the years. At first, pediatrics was concerned only with the classification of pathology. Later, there emerged an interest in the total child in terms of developmental aspects of somatic growth. Modern pediatric study is also concerned with emotional reactions to illness and with the emotional sources of illness.

The concepts of psychosomatic and of somatopsychic diseases in childhood require considerable knowledge of total functioning of the individual. In this approach to child development the pediatrician's area of study at times overlaps that of the related disciplines. Thus, the organic basis for the multidiscipline approach is again demonstrated as deriving from the designation of the "total child" as the unit of study in child development.

Sociology, anthropology, and education have contributed to the understanding of child development. However, we feel ourselves able to comment upon the contributions of these disciplines only from the psychological and psychiatric viewpoints.

In regard to education, highly useful information can be obtained from the educators about social interaction within the same age in the classroom situation. Education deals with one definite part of ego function, learning in the broadest sense; that is, new experience is utilized in order to enable the child to function in a manner acceptable to himself and to his significant peers. Since what and how the child learns depends upon considerations with which the psychiatrist, the psychologist, and the pediatrician are also interested, the modern educator must collaborate with the other specialists to work effectively in child development.

Anthropology clarifies and designates the culturally conditioned factors in the functioning of the child. The study of normal and

deviant behavior in terms of cultural values and patterns in our own and in other societies is certainly relevant to child development. A knowledge of the sociological effects of cultural clashes is of direct import in the study of children. The interrelation of the various aspects would be illustrated, for instance, in a situation in which a child of immigrant parents attends a school that tries to inculcate cultural values of this society, while the family follows a diverging pattern of values and habits in living. Let us suppose part of the conflict between the family's and the new community's standards has to do with eating habits and that the child suffers consequently from malnutrition and is emotionally disturbed. To this almost oversimplified example the interests of all the professional disciplines that have been mentioned, and certainly also that of social work, would be relevant.

The rationale for the use of the multiprofessional team in child development has been made repeatedly. Inherent in this current pattern of the multidiscipline team is the replacement of extramural consultant specialists by workers of the several disciplines in active on-the-scene collaboration. Broadly speaking, two possible roles seem to be indicated for the social workers: one, as a kind of assistant to the specialists on the team, an assistant who can handle certain cases after methods have been developed, tested, and routinized by the specialists; or, as a specialist for the psychosocial aspects of child development. In this latter role, the social worker is the colleague with eclectic professional knowledge of the orientation of the specialists and an over-all grasp of the agency's services. The screening and handling of applicants on intake, the observation and, where possible, remedial manipulation of the child's responses to social and interpersonal situations, and the handling of community relations at the agency level would be among the various responsibilities of the social worker in this pattern.

The first mentioned possible role for the social worker in the multidiscipline team—as one who serves as an assistant to the specialists—would seem to be a most ungratifying and untenable position. Even in the unlikely event that a whole group of professional workers could be happy in a mass regression to the status of handmaiden to the experts—a familiar role in the formative years of

psychiatric social work—we doubt there will ever be a “routine” case in meaningful work with young children. The complexity of a scientific evaluation of any child’s total situation would preclude handling by formula or routine.

Certainly, were the social worker’s role in the multidiscipline team defined as that of understudy to the psychiatrist, the psychologist, the pediatrician, or other specialist, the professional demands upon her would become burdensome and impossible of fulfillment. For instance, unlike what could happen in work with adults, where a sensitive social worker’s partial identification with the adult might facilitate a therapeutic relationship, in responsible therapy with children one must really know how the child functions. And for this there is no substitute for appropriate and comprehensive scientific training.

And so it is the second possible pattern—the specialist in psychosocial aspects—that seems to us to be more challenging and rewarding as the social worker’s role in the multidiscipline team. However, there too, certain difficulties become evident. As a specialist in psychosocial aspects, the social worker has been handicapped by a lack of comprehensive training in the psychological and social sciences. In reality, as an exponent of the psychosocial aspects, the social worker has had to synthesize knowledge from the fields of child psychology, psychiatry, pediatrics, and social science. This knowledge is sometimes fragmentary or incomplete. Thus, the social worker who attempts to function in this way is insecure in her scientific preparation and consequently vague as to the specificity and uniqueness of her contribution as a specialist. In spite of these difficulties and limitations, however, we feel that with suitable training and experience, the social worker can develop her role as psychosocial specialist on the multidiscipline team in a professionally gratifying manner.

We have been emphasizing the knowledge of social and psychological aspects that the social worker should have in order to function effectively on the multidiscipline team. There is, of course, plenty of room for the social worker’s unique contribution in casework services for children. In our opinion, however, the creative development of casework skills in this field will be enhanced by the

eclectic professional orientation offered by the team. However, although we do not emphasize here the casework process but rather the scientific knowledge in child development that should augment the caseworker's preparation, we certainly recognize the enrichment of the services of the multidiscipline team through specific contributions of casework nature.

The kind of training we have in mind, then, would be grounded upon basic professional training in casework and comprehensively augmented by selective knowledge in child development. In any event, no matter what pattern the social worker defines as her professional role she will need to know a good deal that each colleague on the team knows about child development and something of the background and methodology of the collaborating professions. And, since each profession represented in this team is changing, constantly enlarging its fund of knowledge about child development, and evolving new methods, the professional demands upon the social worker will increase concomitantly if she is to keep abreast of the other members of the multidiscipline team.

What should this knowledge comprise? How much and what kind of information about the related professions should the social worker on the multidiscipline team have to function effectively? Certainly, there should be knowledge and understanding of normal growth patterns at each age level in our culture and of the most typical variations from the norm. These patterns of development have to do with biological, psychological, and social manifestations; and in the realm of deviation—in psychiatric indications.

The physical growth pattern in terms of height, weight, muscular coordination, etc., from year to year and from month to month in the infant is information that most social workers simply do not have. In the psychological realm, the social worker will need to have knowledge of activity patterns at various stages, as, for instance, an awareness of varying degrees of pathological significance in thumb-sucking at different chronological ages, or in minor pilfering, or in pseudologia at different ages.

We do not say that the social worker in the multidiscipline team must be able to evaluate behavior in terms of normality or abnormality to the point of making differential clinical diagnoses; but we

do believe that to function adequately on the team she must know what are normal indications in patterns of growth and functioning and what are significant deviations. For instance, to use a psychoanalytic example, the social worker is not called upon to determine whether a child is at the oral or the anal phase of psychosexual development, or whether he is or is not at the height of his Oedipal conflict, but she does need to know something about how the child will express himself at various stages of emotional development. Without such professional recognition and awareness, the social worker would be unable to screen applicants competently and to collaborate effectively with the other professional team members.

The social worker's relationship to the multidiscipline team might be drawn diagrammatically in the following way: Consider the field of child development as represented by a circle divided into several sectors, each sector representing a specific professional discipline, such as psychiatry, psychology, pediatrics, education, social science. A circle of smaller radius, drawn from the same center as that of the larger circle, would then represent the professional area of the social worker on the multidiscipline team. Again, if you visualize the fundamental knowledge of each specialized discipline as clustering about the central core, with research and insufficiently tested theoretical formulation ranged in the periphery of each sector, the rational eclecticism of the social worker as the psychosocial exponent is seen as deriving from the integration of the contributions of the other disciplines within the limit of overlapping of the two circles.

What part of the larger circle should be encompassed by the smaller, or, in other words, what should be the limit of the social worker's eclectic venture into the professional areas of her colleagues? We believe the limit would be set by the amount and kind of knowledge the social worker would need to understand the functioning of the child in his psychosocial situation. For instance, personality as such would not be studied by the social worker, but the various ways in which the personality of the child expresses itself in adaptation to living would be a relevant professional interest of the social worker. In considering that part of the field of child de-

velopment mutually to be studied by psychiatry and social work, the social worker would not become involved with the genetic explanation of disturbance, but would be concerned with the recognition of the impact and the implications of the pathology upon the child's total functioning. For instance, where phobic behavior is studied, the social worker would not be involved in uncovering the genetic factors leading to the phobia but rather with the understanding of what limitations a phobic symptom may impose.

In visualizing the extent of overlapping of the social worker's area with the sector of the total field occupied by the psychologist, the social worker would not extend her function into research in the genesis and nature of mental phenomena, but she would need to understand the effects of the impact upon the child of certain personality types, among other children and among adults.

The limitations in overlapping with the pediatrician's sector are obvious. No social worker would think of changing a diet or of trying to find out why a child's blood sugar showed an increase. But the social worker should certainly know the effect of crucial medical phenomena upon the child's total functioning.

In the area of education, the social worker, although not called upon to have comprehensive knowledge about the history and philosophy of the progressive school movement, would yet need to understand the effect upon the child of exposure to a certain kind of group at a certain age.

And again in relation to the social sciences, sociological theories and methodological slant in anthropological studies of child rearing would be beyond the social worker's professional responsibility, yet certainly the social stresses impinging upon a particular child must be understood.

And so we see the social worker at the center of the team and in a strategic position for seeing the individual child functioning as a whole. From this dynamic center, as it were, the social worker would be in a position to consult with the specialists about etiological considerations in clinical situations. From consultation and collaboration with the psychiatrist and the pediatrician she could get help about possible therapeutic approaches that are based upon

specialized etiological knowledge. And from the psychologist, the educator, and the social scientists the social worker could get help in regard to the remedial manipulation of a case situation.

This concept of the social worker as the psychosocial specialist on the multidiscipline team raises a number of questions as to how and where such a social worker is to be trained, and by whom. Obviously, the desirable place for obtaining the kind of systematic and intensive training that is needed is the graduate school of social work, in association with suitable clinics and agencies staffed with multidiscipline teams of requisite quality. As was stated earlier, the training should be based upon casework skills as adapted to the field of child development and upon selective orientation in the specialized aspects represented by the various scientific and other professional disciplines.

The social worker as a specialist in psychosocial aspects should be distinguished, at one extreme, from the social worker who is mainly interested in social welfare considerations; and at the other extreme, from the social worker who practices as a psychotherapist. Indeed, the social worker who undertakes psychotherapeutic responsibilities is, strictly speaking, no longer a caseworker. We wish, therefore, to make it clear that the psychosocial specialist is not synonymous with psychotherapist. Rather, she is a social worker who is trained for a responsible, defined, and focal role as a member of the multidiscipline team in the field of child development.

In the training of the social worker to function as described, we believe it would be a mistake merely to summarize each professional discipline in child development for the enlightenment of the student; rather, the student should be taught that part of the various disciplines which she will really need to know and to use, and this knowledge should be taught as a dynamic whole. For this purpose, the multidiscipline team could serve as teachers both on the campus and in the field. Such a design for the training of the social worker would correct the professional imbalance, insecurity, and confusion so often noticed among social workers who have drawn too heavily upon psychiatry for so long. The educational influence of the several specialists—in addition to the psychiatrist—will make for a more integrated and balanced professional development.

The composition of the multidiscipline team and the emphasis, to some extent, of one or the other discipline could vary according to the defined task of the team and its goal in the mental health field. The pattern of the multidiscipline team in child guidance is rather well known. But any agency that has to do with child development, such as adoption, placement, and other child-care agencies, should have the benefit of the whole team, adapted to the needs of the particular agency.

Work with Individuals in Social Group Work

By GERTRUDE WILSON

INDIVIDUALS AND THEIR GROUPS are inseparable. No one can escape service to groups, if he helps an individual, nor service to individuals if he helps a group, no matter what be his purpose.

Helping an individual through personal conferences is an integral part of the professional social group worker's skill. The structure of most agencies using the social group work method reveals inherent recognition of face-to-face service as well as service to groups. Registration or intake procedures call for personal interviews to help members understand the program of the agency and find their place in it. Assignment of workers to lounge and lobby services reveals the agency's desire to locate individuals having difficulty in using the agency's program.

The description of the role of group advisers includes skill in interviewing members whose behavior is indicative of need for more personalized help than the group situation affords. These interviews may be casual, or appointments may be made at the request of the member or the worker. From whatever the source and under whatever circumstances, the exploratory interview is one which provides the social group worker with the basis of determining whether, *at this time*, the member is struggling with a "group-related" problem or other personal problems with which help may be secured from some other agency.

The following illustrations drawn from records of practice further clarify the use that social group workers make of the interview.

Louise M., age twelve, came to me and asked, "What about it, Miss, do the other girls in my room get to be in the club?" I said that I knew Louise was anxious for her friends to join the club but explained that at the last meeting (when Louise was absent), members had voted against

taking any new members. Louise asked why the club wouldn't have new members. I explained that there were a number of girls who wished to join and that the club would be too large if all of them were admitted. Louise looked very disappointed and asked if "just one more girl" couldn't join. I said I knew she was anxious to have her friend in the club but I wondered if this would be fair to the other girls who wanted to join. Louise said she guessed it wouldn't be but that she didn't have any of her friends in the club. I said that I guessed she would enjoy the club more if her friends were in it. She said she liked the club but would enjoy it more if her friends were in it. I said that her friends would have an opportunity to join the club later. Louise looked quite downcast, and said, "That doesn't help much right now though, does it?" She smiled and shook her head. I said that when the club had parties and invited other girls, she could invite her friends. Louise said that she would like to do this.

The worker in this situation was faced with a dilemma which permeates all work with groups—the recurring conflict between the need of an individual and the welfare of the group as a whole. Louise, being absent from the last meeting, is caught in a socio-group in which none of her psycho-group are present. The worker is aware that Louise needs the support of a psyche subgroup in order to participate comfortably in the larger socio-group. But the group as a whole has made a decision which the worker must accept because the life of the club is dependent upon the members' corporate decisions in regard to it. The worker helped Louise to understand the fact, "the group had decided." This was the fact at which both the worker and Louise must look. It was not the worker's will but a group decision. The worker felt with Louise, she let Louise know that she understood how anxious she was to have her friend in the group, but she did not identify with Louise against the group or with the group against Louise. She helped Louise partialize the situation by suggesting that she could invite her friend to parties. Note that the worker did not ask Louise to accept the validity of the decision. She could have extracted lip service to this principle if Louise's desire to belong were sufficiently strong but she would have created a block in Louise's future identification with the club; for had Louise felt constrained to "say" that the group's decision was "right," her resentment would interfere with her participation.

This short interview was only apparently casual. There was no premeditation on the worker's part, but Louise was waiting for the worker's arrival. The worker was concerned with last-minute preparations, the interests and needs of fourteen other members—but at this moment, her first and immediate responsibility was to help Louise in a face-to-face relationship.

The president of any group is given a position of direct leadership by the members. The art of being a president is not one which descends upon elected officers like manna from heaven. The group adviser's chief contribution to an organized group is that of helping officers to lead and to share responsibilities with members, who likewise must have appropriate opportunities for leadership.

Eva, the president of a club of adolescent girls, attempted to determine group decisions through rather dictatorial pressures. The girls were critical of Eva's methods and voiced their disapproval. At the meeting before the following interview, Eva found it impossible to conduct the business session. She ordered the girls to be quiet and listen to her. As she started home, she turned to me and said that she just didn't know what to do about carrying on the meetings. I suggested that we might talk about it and see if we could clear up what was making it hard.

While the worker saw that Eva was very upset and aware of her failure as a president, she did not give her false reassurance or lessen Eva's problem; instead, she gave her support and strength to work on her problem by saying that together they might clear up what was making it so hard.

Eva immediately began to talk about the dance, rehashing all of the girls' plans. I asked about a few of the details, and Eva seemed to relax as she discussed them. I asked her why she thought she had had so much difficulty in getting the girls to cooperate. She immediately said that it was her fault, and when I asked her to explain in what way, she said she "felt awful about the whole thing." She didn't look at me, but went on to say that she knew that sometimes she got "bossy," and the girls didn't like it, that Marilyn and Pudgy had told her not to push them around so much after the last meeting, and she was glad we had already decided to talk it over, since it gave her a chance to think about it. She repeated that she had concluded that it was "all her fault."

I said that perhaps we could talk about it in terms of what the whole situation meant to the club and to Eva as president instead of trying to pin it down as a fault. Eva said that she did find it hard to "go slow,"

when she was the president and felt that she had a responsibility to help the club move. I said that a president has such a responsibility, but the question seemed to be at what pace the club was to move. Eva immediately said that the pace was "as fast as the girls could go." I said that it seemed that this required some sensitivity on her part, since she, as president, had to be able to judge how fast the girls wanted to go and help them to move on this basis. Eva said that this was what she meant when she said that this was her fault, since she tried to go at her own speed sometimes and it didn't work. She went on to talk about the last meeting when she had tried to order the meeting to start and the girls had ignored her. She said that "this sort of proved that she had been shoving the girls," especially after what Marilyn and Pudgy had said. Eva said she honestly hadn't realized it "too much" up to then.

While the worker recognizes that Eva is concerned primarily with becoming a successful president, she realizes that Eva can achieve this, not only through insight to herself as a dominating person, but also through recognition of the needs of all the members for achievement. The worker helps Eva to focus first upon the club and then upon her role in it. It was not sufficient that Eva recognize "her fault," but that she be helped to find a motivation for using a different method which has greater meaning to her than just to be successful.

I asked Eva where she stood now in her thinking about how to help a club move at its own speed, and she said that she was going to try not to push anyone around, but she didn't know exactly how to get a meeting started when she had a long agenda without ordering the girls around. I said that once you recognized that ordering didn't work, you started wondering what did work. Eva said that she had thought she might just put it up to the girls; tell them what was down for discussion and let them decide when and how they were going to start. I said that this looked like a good way to let the club go at its own speed, and Eva said that she would try it anyhow, because she didn't like the idea that she was pushing anyone around. I said that she wouldn't like the feeling, naturally, because one of the things about the club that interested her and the other girls was that it offered a situation where everybody had a chance to be involved in an activity on a voluntary basis. Eva said that it was true that no one wanted to be bossed around, and that club activities did give you pretty much of a chance to do things with other girls on an equal level. She thought that the dance the girls were planning was an example of this. When we left, Eva said that she "was going to see if her new strategy worked and try it again tonight." I stopped for a

minute and asked why it was a strategy, and Eva said that it was a new way of doing things for her, so it felt like a strategy. I asked if it didn't involve a new way of looking at the club too, and Eva said that it did, and maybe because she wasn't used to it, it was hard to try. I said that that seemed to be one of the reasons it was hard, but what might make it easier was her own strong feeling that she didn't want to "push anyone around." She said very strongly that she didn't and she was going to try not to shove any more.

In this interview, the worker went at the pace which Eva could go, she demonstrated to Eva what she was struggling to learn—to let the members set the pace. The worker's questions helped Eva clarify her own thinking and thus work out for herself what she could do and how to do it. Throughout this process the worker was with her, but not pushing her to learn how to be a "good" president in one lesson. The worker was permissive in agreeing with Eva that it was hard to move at the pace of others instead of that of oneself; she was firm in letting Eva feel the full force of the problem with which she was confronted. She helped Eva work this problem over and over, but with each repetition, Eva came nearer to the reality of her own responsibility. At the end, when Eva attempted to toss it off as a new strategy the worker brought her face to face with the reality of her problem: does she really want to stop pushing people around? The change required is in feelings, not in a technique. The helping process has begun; this was the first but not the last use of the face-to-face relationship employed in helping Eva learn the president's role.

The activities of most groups are determined by their members, but this does not mean that every member is able to do exactly what he wants. Jill was in this predicament, and the worker helped her to remain a member of her group without guilt over her failure to participate.

This particular evening the basketball coach introduced a professional basketball player to teach, and he forbade any girl to leave the gymnasium. I was watching the proceedings from the side lines. Jill was seated on the floor, her head buried between her hands. Soon, she grabbed her coat and ran out of the door. By the time I got to the office, Jill was demanding her money back. I invited her to talk it over, al-

though she was free to withdraw from the agency if she wished to. Jill said, "O.K., but it will be of no use."

I asked if she would like to tell why she wanted her membership card back. She just said she didn't want to have anything to do with the Hall. I asked if her reason was because of the basketball program or because of the girls. She said she liked the club girls—then was silent. I said, "You're not very much interested in basketball, are you?" She said, "I hate it!" I said that she used to be interested in it, though, didn't she? She said she liked the way they played it at school—especially when they were by "themselves" and played just for the fun of the game. I then said, "You mean you don't like having spectators?" She acknowledged this, saying that the boys especially made so many awful remarks. She said she was afraid that if she stayed much longer, she would begin to do something. She gets so mad out there in the gym that she feels like fighting. I said that we certainly didn't want to start her fighting. The rules put on the playing were made to prevent fighting. She said they get mad at each other, mostly because they don't know how to play themselves. I said that was true; that's why tonight the professional player was there—to teach the girls how to play. She said it was about time that was done; but she was still not interested; the worker would never see her again on a Thursday evening.

I then asked what she thought about coming to club on a different night. What would Jill like to see our club do? She said she'd be glad if we could have meetings and do things together—just so it wasn't basketball. She said she wouldn't be back next Thursday; but whenever the club made up its mind which night to meet, we should let her know. I said that we would. She grinned as she said, "Then we'll let the membership go for a while—if I don't have to come on basketball night and we can do some things together in club." I said that it was good to know Jill's opinion about basketball; it is the opinion of members like Jill that help plan the programs for the future.

Jill said she would go back into the gym with me and wait until the rest of the club were ready to go home. . . . She said she would see us all tomorrow night.

This interview leaves many questions in our minds about Jill. What is she fighting? Does she really hate basketball? What is her feeling about boys and men? Is she unable to leave the security of girls playing basketball by themselves for association with larger groups composed of boys and men as well as girls and women? Is she unable to accept the limits imposed by the "rules of the game"? Why was she the only one in the group openly to rebel? How did

the other girls, one by one, react to being told that they could not leave the gymnasium? These and other questions are all ones which it is essential for the worker to consider as she works along with Jill as a member of the club she really does not wish to leave. This evening, however, the worker helps Jill handle the feelings, whatever their cause, which are overwhelming her. Perhaps Jill will need help from a child guidance service or perhaps the program of the group may be geared to fit her growing-up needs without undue strain on her friends who have moved faster than she. The social group worker's diagnostic thinking will determine, not only her future interviews with Jill, but also her role as adviser to the bobby soxers.

The meeting of the group of paraplegic patients in a hospital offering social group work as part of the service of the social service department had ended. Mr. Traubert continued to sit there after the others had gone. Mr. Traubert ignored, opposed, declared useless or silly, all the suggestions for future programs suggested by other members and the worker. The worker recognized that few if any of the patients were capable of meeting Mr. Traubert's hostility. The physician had requested that the activities center attention upon discharge and life in the community.

He said something about parties, and I said, "Don't you like them?" He said, "You know, I don't believe I've ever been to a party in my life except the ones here in the hospital." I asked what he had done as a youngster, and he said he hadn't bothered with parties. I asked him how far he had gone in school, and he said he had quit but went back to finish high school because his mother had insisted. He thought school was silly and some of the subjects were useless. I asked him what he liked best, and he said literature, history, and English. He had done well in physics and chemistry. I asked him if he had ever thought of doing something in that direction. He said he wasn't interested in school. Whenever the other boys were fooling around, he was hunting. He knows guns—ever since he was "so high," motioning with his hand.

He wants to be a gunsmith. I asked him if he had ever talked to the vocational guidance counselor about that. He said, "Who's that?" I explained about the program, ending with "and what about a job for you?" He said he would wait until he was discharged. I commented that he didn't have to wait until he was discharged. He said he was going to be operated on for a skin graft and that would keep him in the hospital. He

wouldn't want to get anyone started and then not be able to continue. I said that people who worked in a hospital were here for the purpose of helping patients and they understand that plans have to be on a tentative basis. He looked skeptical that anyone would consider him. I said, "You know, you don't give the community credit for being interested in you"—people like to help one another, and I thought that perhaps he wasn't letting them help him. He said people didn't bother about people. I said that people in the hospital did and that he had a right to expect help, because everyone who worked in the hospital was there to do that very job. He looked a little startled.

I asked what he thought about asking the vocational guidance specialist to talk to the group about job possibilities. He said, "Sure, for my part you can ask him." I said that it was for the group to make the decision and we would see what the others thought on Saturday. He said, "O.K." We left together as he turned down the corridor, I said I'd see him Saturday.

A chronic dissenter in a group is a weight upon the whole group which deters its progress. Such a person, however, may have considerable acceptance from his colleagues even if he is an obstacle to their achievements. The things he opposes may be of interest, but the vicarious satisfaction that the members feel in the dissenter's opposition to the authority which the worker represents outweighs their interest in the proposed activity. Through a personal interview, the worker is able to rouse Mr. T.'s curiosity and interest in a program of importance to the group, and, significantly, he is helped to realize that not he but the group will make the final decision. Thus, step by step, socially retarded adults as well as children and youth are helped to become cooperative members of groups.

Many problems brought to interviews are only secondarily group-related. The group provides the medium for contact between people with problems and social workers. Eileen O'Brien, a young married woman with two children, is a member of a young adult group. She participated enthusiastically and was active in planning for future meetings. Mrs. O'Brien did not attend the first meeting after Christmas, and the next week she telephoned the office that she was not planning to return.

1/12. I returned Mrs. O'Brien's call, saying that I was concerned about her having left the club. She said that she was just tired. I said it was probably difficult to work during the Christmas rush. She said that it

wasn't just working, but everything seemed to go wrong, so she was just quitting everything. I asked if I could come out to talk things over with her. She said, "Certainly, if you want to." I said that I did, and we arranged a convenient time.

1/14. I asked Mrs. O'Brien if something had gone wrong at the last meeting. She began to talk about her husband who was away while her oldest daughter was growing up and had returned injured from the army. He hasn't been the same since he came back. She poured out her feelings, describing her difficulty with her own family who are stanch Presbyterians and don't like him because of his Catholicism and the way he treats her and the children. While she gave many examples of his neglect, she also protected him against the accusations of her family.

I said that it is difficult to know what to do when there are so many problems entering into their marriage and I wondered if she had ever thought of using a marriage counseling service. I explained that it is often difficult to know what to do next and the counseling service will help you think through that kind of a problem. She said that she doesn't know what to do and maybe that would help. Then she went on to tell me how her husband complains about where the money goes. She said it is difficult for her to go out because she has no one except her mother with whom to leave the children. . . . She feels that she has gone more than half way trying to make the marriage a success. . . .

I said that if she wanted me to, I would be glad to find out about the counseling service and let her know about it. She said she would talk to her husband about going with her, but she didn't think that he would. I said that it would probably be quite all right for her to go alone first, and then later it might be easier for her to persuade him to go with her. I explained that I would get details for her and also find out the name of the person she could contact. She felt that this was good, and I got ready to leave. However, Mrs. O'Brien continued to pour out her feelings about her husband's lack of attention and unwillingness to take her out socially. She had enjoyed the club so much, but with things going so badly at home, she just couldn't go any more. I said that perhaps with the counseling service she would be able to figure out a way to go on from here. I said that it is difficult to enter into any activities when a person has so much on her mind, and that she would probably find it easier to join groups and visit when she had her marital problems straightened out.

Problems brought to social group workers in personal interviews represent the range of problems which beset human beings. Many people could best be served through the concurrent services of many specialists—medical, vocational, religious, educational, and

others—as well as by those of casework and social group work. There are few if any communities which have conceived of the integrated service of a team of specialists to the degree found in many hospital programs. Similar coordinate services in the community at large would go a long way toward bridging the gap between community social services resources and the people who need them. Recreation and educational agencies have the opportunity of being an important link between people with needs and agencies with services to help them.

While large numbers of people are attached to recreation and educational agencies just because they want fun, relaxation, and new friends, many are unable to use the agencies' resources for these purposes because of the personal and social problems they bring with them. It is the function of the social group worker to help members recognize the nature of the problems which are blocking creative use of their group experiences, to work with them on their group-related problems, and to enable them to use other community agencies which provide services related to other special needs.

What Is Professional Supervision within a Casework Agency?

By GRACE F. MARCUS

IT IS ONLY WITHIN RECENT YEARS that we have given much attention to supervision as a specialized function involving a special relationship and a special skill. Quite naturally, the first concern in social casework was to master the essentials of casework itself. Since trained workers were almost immediately drafted into supervisory jobs, they usually proceeded to use supervision as the medium through which they might continue to work on the refractory problems of casework. The need to discover and control the dynamic in casework made them more intent on the problems in cases than on identifying what might be distinctive in supervision, and the chief equipment of a supervisor consisted in his knowledge of casework and his willingness to operate at one remove from clients. Neither in social agencies nor in schools of social work did we spare much time to examine supervision as a skill separate from what it is expected to teach. And for a considerable period we continued to be in a confusion about the different elements in supervision and to argue the question whether the supervisor is engaged in a managerial or a teaching activity or in a kind of supercasework or therapy. Not until Virginia P. Robinson's *Supervision in Social Case Work*¹ was published in 1936 was the base created for understanding supervision as a distinctive function.

Now when we are asked what is professional supervision within a social casework agency, or, for that matter, within any social agency, I assume that we are being asked to look at supervision as a special function calling for a special skill, and furthermore as a skill that can be consciously taught and learned, that needs to be taught and

¹ Virginia P. Robinson, *Supervision in Social Case Work* (Chapel Hill, N.C.: University of North Carolina Press, 1936).

learned. We are advancing beyond the happy-go-lucky past and, to a large extent, the still happy-go-lucky present, in no longer taking for granted that skill in supervision develops spontaneously or is adequately acquired through trial and error. We are taking with a new seriousness a function on which we have deeply depended for the development of social casework, the development of caseworkers, the development of casework agencies, and the development of professional education.

Supervision, like administration, is a function not confined to social work. When we define its purpose as that of helping the worker to perform the job acceptably, we are describing a purpose not peculiar to social work. But supervision in any setting, in or outside social agencies, derives its distinctive character from the nature of the job which it is the business of the supervisor to help the worker to accomplish. Throughout social work we find effective supervision marked by the same special characteristics, because all social work jobs demand of social workers the use of individual judgment and self-discipline in dealing with human relationships. This necessity exists within all casework jobs wherever they may be—in the public assistance agency, in rural child welfare services, in the hospital or clinic or school social service, or in the voluntary family or children's agency. No rules, no policies, no routines can save the caseworker this lonely, independent responsibility for using something within herself in face-to-face contacts with the client. There is no way of doing social casework by rote or by prescription.

Supervision begins with the recognition that at the heart of social casework practice in any setting is the necessity for the worker to deal on the spot, in the actual situation with the client, with the unpredicted, the unique. At such junctures the caseworker cannot call on any resources but those in her immediate possession. We might say that the caseworker has a kind of monopoly, founded on the immediacy and the exclusiveness of her experience with the client: only she in her direct connection with him in the interview can know him as he is in his peculiar relationship to his need and to the agency. There are no means available to us whereby we can reduce this fundamental reliance on the worker's eyes, ears, feel-

ings, and judgment: only she can become fully responsible for recognizing the meaning inherent in what the client does and for knowing what she does in response. The supervisor has no choice but to reckon with the worker as the person carrying the case and determining in crucial ways the quality of service to the client.

Supervision thus starts with recognition of a supervisory limitation: there stands the worker between supervisor and client. It is, of course, the same limitation that confronts the worker in the casework situation: there the client stands between the worker and the problem the client brings. In each instance simple realism demands that the obstructing person be recognized as the person who must handle the problem if the problem is to be handled at all, and as the person who can be helped only to find his own way to do what he can and will with his difficulty. The limitation facing the supervisor is the familiar limitation to which the caseworker is equally subject: that the helper cannot help by taking over or doing for, nor can he relieve the other person of his problem of managing himself. This limitation is painful enough for the caseworker, aware of the predicament in which the client appears helplessly caught. For the supervisor beginning to supervise, the limitation has a dual pain; for he sees at one and the same time the apparent helplessness of the worker and the urgent need of the client for more skillful service than the worker is prepared to give.

But if supervision starts with acceptance of a limitation, it is because in this acceptance the supervisor finds the real potentialities of his role. At the point of this basic realization, the supervisor ceases to be a caseworker at one remove, using the worker as an intermediary or tool, and takes hold of his own different task, that of helping the worker to develop within herself the capacity to do her job. The supervisor works within a relationship wherein his role is that of teacher and the worker's that of learner. Something more has to happen in this learning than the adoption or absorption by the worker of a body of information or a bag of tricks. The worker is not "supervisory material" out of which a caseworker may be successfully cut to the supervisor's pattern. Whether the worker is untrained or a graduate from a professional school, learning to perform the job and developing skill in it, requires that she learn

to use herself responsibly in a helping relationship and that she bring about whatever changes in her feeling, thinking, and acting on the job are required to deliver the service of the agency to her clients. If any learning is to occur under supervision, the worker must have a part in it. The supervisor may teach but he cannot "learn" the worker. The question is not one of bad grammar alone: the worker has to do the learning because she cannot learn unless she invests herself in the process and is willing to struggle with the changes necessary to better performance of her job. To be sure, the worker does not and cannot do this learning alone; the supervisor's help is essential, but all along the way it is the worker who decides whether she will take and use this help for a reason having meaning for her—the genuine need within her to serve her clients well.

The supervisor must recognize the separateness of the worker as she, in her turn, must learn to accept the separateness of the client. The supervisor realizes that he must depend on a dynamic within the worker—her will to perform—to motivate and sustain her in the struggle to get hold of and improve her job. The supervisor sees that she will need all the help he can give to hang on to this motivation and find strength in it sufficient to carry her through periods of discouragement and through crisis. But the supervisor cannot rely solely on this dynamic in the worker, vital as it is in her learning with him. There is another dynamic that the supervisor must put into supervision if the worker is to move forward.

The supervisor is entrusted with a delegation from the agency and must represent the agency's need to see that this is carried out: he has an inescapable responsibility for seeing that the worker does the job which the agency expects her to do. He is committed to seeing that she renders to clients the service which the agency exists to provide and that she does this according to the policies, procedures, and standards set up by the agency. The supervisor must represent the purpose of the agency's service to clients, in its potentialities and its limitations, and must ask nothing less of the worker than that she represent this too in everything she does. The requirements in the job assigned to the worker which the supervisor represents are another invaluable dynamic that the supervisor puts into supervision to hold the worker to the necessity for appropriate perform-

ance, new effort, directed learning. Without these requirements the worker would be rudderless and floundering and the supervisor impotent in an anomalous job.

The supervisor's jurisdiction is in one important sense limited in that he has no business with the personal problems of the worker or her private affairs: his concern is with her performance on the job and her use of herself in the job. He must be clear about what that job embraces. It embraces, first of all, the worker's responsibility for rendering a service to the agency's clients in the casework relationship, her carrying through of the helper's role in working with clients. But it embraces a lot more. The job to which the supervisor must hold the worker includes a gamut of interrelated responsibilities not one of which can be neglected without damage to the others, and few if any workers bring to the job a capacity to assume and discharge all these responsibilities with equal ease, competence, and conviction. Some of the duties are obviously of high import, like interviewing and recording. Other requirements may seem sensitively personal, like the personal appearance that shows respect for the dignity of the job; others involve command of annoying, besieging detail that feels petty, like management of dictation, coverage of a case load, keeping up with reports; still others ask for a flexible awareness, like matters of working relationship with other staff, concern for an untended telephone, willingness to take on emergencies from another worker's load. The supervisor knows that he must relate to all parts of the worker's job because responsible performance in each of them is essential to the agency's effective operation in the rendering of service to clients. He knows, too, that he cannot help the worker to achieve an adequate use of herself in a helping service to clients unless he holds her to working on the problems of organizing herself to meet responsibilities so varied in their kind, difficulty, and interest, and to find out how they relate to one another and affect directly or indirectly the quality of service to clients.

The nature and extent of the supervisor's responsibility involve authority. The responsibility is comprehensive and so is the authority, yet the authority must be exercised without that control over the worker that would make her a puppet animated by the

ventriloquist's will. This authority in the supervisor-worker relationship is the great hurdle for the beginning supervisor. It is not a hurdle that can either be by-passed, or taken in one leap and then left behind once and for all. Pursuit of such illusions works injustice to the worker, betrayal of the agency in its obligation to clients, and surrender by the supervisor of his reason for being in his job. The authority in the supervisor-worker relationship presents the more awkward difficulty to the beginning supervisor because it highlights a difference between supervisor and worker that can feel like a purely personal inequality and the imposition of the power of the one upon the other. Before the supervisor can use this authority responsibly and helpfully, he must work out his own relationship to it, and settle for himself that it is right and good, not just a questionable personal possession he is free to ignore entirely or to reserve for use in dire, last-ditch emergencies. The beginning supervisor does not become a supervisor in any true sense until he can accept and use the authority in his job for what it is, the essential means to carry out responsibility. The responsibility is deep and manifold. It is the responsibility to see that the agency's service is really rendered to the client and rendered in accordance with the agency's purpose, policies, and standards. It is the responsibility to see that the worker has full opportunity to know what is expected of her in the job assigned to her, and to face and deal with the problems that will inevitably be there for her in carrying it out. It is the responsibility not only to offer supervision to the worker but to hold her to her obligation to use it. It is the responsibility for holding the worker to a standard of performance and, through periodic evaluation of her work, giving her a chance to identify its strengths and weaknesses, and to mobilize herself for freshly directed effort and more sharply conscious use of supervisory help.

Within this authoritative framework the supervisor offers the worker help with the problems of learning and changing that confront her. He knows that her capacity to function in her helping role with clients depends on her capacity to receive and use help herself and that she cannot have any good conviction about giving what she herself is unable to take. The focus of the help the supervisor gives is steadily fixed on something outside, on the service to

clients, on a performing and doing by the worker in which the worker's attitudes, feelings, and reactions are important because they determine the quality of her doing. The supervisor is warmly and sensitively there with the worker to give firm support to her in the struggle of looking at that doing with the client, of distinguishing the client from herself, of letting that client have his own responsibility for deciding what he can and will do with the agency's service in meeting his problem. The supervisor knows what effort it costs the worker to express and to face her own feelings about individual clients in their individual situations, and then to consider the concrete effects of these feelings on the client's chance to obtain and use the agency's service. The supervisor's help therefore includes an active willingness to accept in the worker the existence of all sorts of feelings, positive and negative, that run counter to her helping the client. He is prepared for resistance to the agency's policies, to the limits on what it can offer, to actual or supposed shortcomings in its standards, and he is ready to help the worker look at what is bad in all these and to find out what if any good remains on which she can proceed. He accepts as well her disagreements, confusions, and discouragements, helping her to bring them out in concrete relation to what she is doing with her clients and what he, the supervisor, is doing with her; and he assists her to discover for herself what these reactions mean in her learning and doing the job and what she is willing and able to do in contending with them. The supervisor is aware of what feels bad and painful to the worker in this help he is giving. He is conscious of her uncertainty at times that she can work through some of the problems in her performance. He recognizes what fear and what risk there is for her in putting forth her own questions and oppositions. But an essential part of the help he offers consists in his holding her to her own active part in the relationship, to a sharing of her problems, to a using of her own capacities for feeling, thinking, questioning, and deciding. Above all, that help of the supervisor includes his putting into the process that goes on between them his necessary, inevitable differences for the worker to look at, struggle with, and use.

So far, I have discussed supervision without differentiating between supervision of the untrained worker and supervision of the

graduate from the professional school. We have said that the supervisor in undertaking to help the worker to perform a casework job is asking the worker to take a new kind of responsibility for her use of herself. This statement would surely seem to ignore the difference between the worker who, for example, enters the public assistance agency with no idea of becoming a social worker and the worker whose desire to render a helpful service led her to invest herself, time, and money in professional education. What is it reasonable for supervision to expect to do with the untrained worker who in taking the job may have had no conception, or an erroneous conception, of its demands and no ambition to embrace either the purposes or the values of social work?

If we focus on the problem of supervision in the public assistance agency, it is not because the public assistance agency is the only public agency in which supervisors confront untrained staffs, and certainly not because we assume that only the public agency uses untrained workers to perform its service. If we choose to look at supervision in the public assistance agency it is because the problem within public assistance is so great, so acute, so important, and we have every professional reason for not divorcing ourselves from it. We have not yet fully succeeded in convincing even ourselves that the rendering of public assistance is unavoidably a casework service nor have we quite dared to admit that this casework service requires skill that is the same in nature and quality as that required for any other casework job. The supervisor in the public assistance agency must therefore struggle, not only with the problems of untrained workers, inadequate assistance standards, and often unsatisfactory working conditions, but frequently with a refusal both in and outside the agency to recognize the very nature of the job he must undertake to teach workers to do. The supervisor in public assistance meets the ever present problem of case loads so heavy that he seems to be asking the impossible of the worker in asking her to distinguish clients as individuals. In addition, he is often so preoccupied with seeing that workers meet concrete requirements that his opportunity to penetrate to the worker as an individual may seem practically nonexistent.

We cannot consider with any realism the job of the supervisor in

the public assistance agency without acknowledging these severe difficulties in the setting that condition what he can attempt with the untrained worker. He cannot expect the worker to use qualifications that were not required for the job. In the different case of the worker whose job requires one or two years of professional education the supervisor may properly expect a disciplined desire to carry her helping role, a consciousness of the important part her own attitudes and reactions play in the service she renders the client, a willingness to seek supervisory help with her problems in performing, and an ability to face and do something about any need for change in the way she uses herself. But the supervisor of the untrained worker cannot expect that worker to have as part of her equipment the awareness of self and the use of self that come out of professional education. Nor is the problem he confronts in the untrained worker comparable to that of the student, for the student enters the field work placement for the conscious purpose of developing something within herself and will soon be involved in a learning experience at school that will inject a powerful dynamic into her use of supervision. Yet the supervisor in public assistance must face a fact to which all these considerations may seem to be in flat contradiction: that to learn how to perform the public assistance job with minimal adequacy, according to the standard set by the agency for its workers, the untrained worker must change her use of herself.

The supervisor of the public assistance worker must help her to begin with the agency itself, that Juggernaut that the worker is apt to see more in its demands on her than in its purpose with clients. If the supervisor-worker relationship is pivotal for any worker in any setting, it is supremely important in the public assistance job where the worker needs help in discovering that the agency's purpose is to serve the welfare of clients, that the supervisor has a genuine desire to help her to do her job, and that her own feelings about clients are not irrelevant but may be shared and discussed. The supervisor knows how important his respect for the worker is in assisting her to struggle against her prejudices to a respect for her clients, and how much his willingness to accept the worker in her differences has to do with her chance to see and tolerate differ-

ences from herself in those whom she serves. The supervisor knows from his own experience that for the worker there must be inevitably a hard and continuing struggle with agency policies, procedures, and standards and with her own ambivalent feelings about them, and that again and again she will need help in relating them to the agency's purpose and in finding out how they can be used to advance, not defeat it. To this slow, patient process the supervisor must bring sensitiveness to the impact on the worker of this new experience with every variety of human behavior and human problem, for much of the difficulty for the worker is to dare to feel and dare to understand. Feeling and understanding are both painful when she knows so little "what to do": the temptation is great to insulate herself within the agency's requirements in some cases, and in others to defy them in private adventurings of her own.

The supervisor must help the untrained worker to find herself in her job. This means, as well, helping her to find the client as a person distinct in himself and with a capacity of his own for taking responsibility. That untrained workers can realize the human implications in their job and take hold of a helping role, the supervisor knows from experience. Necessarily, supervision works with them at a slower pace, and must be content with their achievement of a less reliable and more limited use of themselves in the job, but we would be mistaken in concluding that this supervision asks less of the supervisor. Nowhere else that I know of does supervision ask of the supervisor such firm strength and such resourcefulness in creating and sustaining a relationship amidst pressures or such unshakable conviction about the dignity and individuality of the human being.

We have recognized a need to differentiate between supervision of the untrained worker and that of the professionally trained, but what of that professional worker as she becomes experienced? Does she outgrow the need for supervision? If not, what meaning is there in that goal of professional education to which we all subscribe, the development of a professional self? If we say that the need for supervision continues, are we denying the experienced worker that emancipation we admit is essential to the achievement of maturity?

I noted earlier that the worker cannot give help to anyone else

if she is unwilling to use help herself. Our question then resolves itself into another: Does the experienced worker have a continued need for supervisory help no matter how skillful she may be? A characteristic of any professional practice is that it never attains perfection and never comes to the end either of its possibilities or its problems. If the worker is alive and moving, the very development of her skill confronts her with fresh questions. The illusion of self-sufficiency, of achieved adequacy, is a sign of stagnation and arrest. Nor is any professional development likely to be even: growth is a disturber of equilibrium and calls for reorganization and reintegration within the worker. Professional growth produces the need for help. But there are other factors in the worker's job and in the agency that require change in the most able and experienced of workers. Jobs are subject to change. The agency's services and conditions are subject to change. The agency's practice may have to change, if for no other reason than that its workers advance in skill and have experiences that must be shared and put to common use. Other problems may develop in the performance of the experienced worker: with some new advance in competence a weakness in her use of herself that was previously latent or undetected may become an active stumbling block to well-rounded work on the new level. The development of the professional self and of awareness and skill in its use is never finished in any good sense of the word. A sensitive vitality in professional performance presupposes growth and change.

The supervisor counts on a more discriminating, conscious seeking of help from the experienced, skilled worker, not only because the worker has a greater independent capacity, but also because her security enables her to be free in admitting her uncertainties. The supervisor counts as well on that worker's greater ability, not only to ask for help, but to manage many of her own problems in using it. The supervisor expects something further of the experienced worker—a settled conviction about the value for her of sharing with another, in order to get a better hold on a problem, find out what is in it, and test her own feeling and thinking about it. For these reasons a greater freedom develops in the relation between the supervisor and the experienced worker. Yet what the supervisor

offers is supervision, not that vague dilution we call "consultation"; for the supervisor cannot divest himself of the responsibility to hold the worker to the requirements and standards of the agency. Those requirements continue to furnish the guides and directions essential to the worker's development in her job, and to reorganization in her use of herself at points of crucial change within her, the agency, or both.

As soon as we face squarely the necessity and value of supervision, we are presented with the need of the supervisor himself for supervision. All that we have said about the caseworker's need of supervision applies equally to the supervisor, and applies to him in the course of learning his job, strengthening his skill in control of the supervisory process, continuing to develop. The supervisor needs help in mastering his job in its difference from casework, help in relating to its authority and using it responsibly and helpfully, help in finding his place in the agency, help in getting hold of changing policy, procedure, and standards, help in dealing with problems in supervision. The supervisor needs also the sense of direction and the security that come only with evaluations of his performance from a supervisor to whom he is responsible. One of the prevalent lacks in casework agencies is associated with this absence of support for the supervisor in a supervision oriented to his need for help; this is the lack of standards for performance by which a worker's competence may be judged and progress may be measured. Supervisors operating so much alone have no proper opportunity to work on this problem; yet the need for common standards of performance is central in their jobs if they are to be responsible in evaluations and if those evaluations are to have meaning for the worker and the agency.

Our preoccupation with the development of casework has understandably retarded our recognition of the distinctive nature of the supervisory function and skill. The development of casework and the development of supervision are so interrelated that we need now to reconsider what we demand of supervisors, and what we should be creating in professional education ² and in agencies to en-

² We should note here a valuable contribution in a recent publication, Virginia P. Robinson, *The Dynamics of Supervision under Functional Controls* (Philadelphia: University of Pennsylvania Press, 1949).

able them to meet that demand. The need for a conscious, disciplined skill in supervision is not limited to supervisors of caseworkers: it extends up the administrative line and exists for every administrative person to whom others are responsible. Supervision carries one of the essential dynamics in the effective operation and service of the agency. We have yet to realize fully its indispensable values and our urgent necessity to develop them.

Criteria for Casework Helpfulness

By M. ROBERT GOMBERG

LITTLE IS MORE IRRITATING to a teen-ager than to be reminded how young he is. When mother reminds him to put on his rubbers because it is raining, or to "be sure to be home early," he is annoyed and grumbles that he is big enough to take care of himself. And indeed he is, in many ways. Physically and psychologically, his essential characteristics may well have been established. Yet in spite of all this maturation, it does not take much to reveal how incomplete this maturity may be, how much more growing up he must experience.

The subject of this discussion, in a measure, serves as one of those revealing phenomena that exposes the youth of our profession and how much more growing up we have to do, in spite of the fact that we have grown so rapidly. We are a profession. In spite of technical differences, we have sound and profound methods of help in the fields of casework, and the everyday operation of many agencies and the thousands of people who are helped are testimony to the high degree of that helpfulness. Nonetheless, it is true that we have yet to establish universal criteria for casework helpfulness that definitively establish what our goals are, nor do we have accurate measurement in terms of client adjustment that helps us determine the extent to which we have achieved or failed to achieve such established goals.

It may seem contradictory to say that casework, when it has been responsibly practiced, has over the years assumed a responsibility for judging its achievements and appraising its successes and failures. The closing entry in a case record almost universally summarizes the case, presenting the nature of the problem, a diagnostic evaluation, a summary of the helping process, and an evaluation of the results of help. Additionally, all of us who have carried case loads in an agency are familiar with the statistical reports at the end

of each month in which we had to appraise on a rating scale our success or failure with a case that we were closing that particular month—"successful"; "moderately successful"; "not successful"; etc. On a pragmatic basis, using our best judgment, we evaluated the degree of success achieved in the particular case. Perhaps it is just as well not to attempt to analyze here all the varying factors that influence the worker's judgment at the time that he makes it, or the degree of agonizing that he sometimes goes through in the process.

I think it accurate to say that while we have a philosophy, method, skill, and established helpfulness, one of our objectives remains that of spelling out criteria for casework helpfulness that can be universally accepted, and against which the result of any particular case can be measured. We have a growing body of technical literature which describes an ever increasing technical competence, adaptations of technical methods to different personalities, different problems, but the thermometer which clearly establishes the results of these techniques in terms of client adjustment is a task before us.

All of the above is high lighted, I believe, in a study undertaken by the Committee on Research in Children's and Family Agencies, appointed by the National Conference of Jewish Social Welfare. This committee is comprised of leading casework practitioners, research workers in agencies, and teachers of research. In a preliminary undertaking designed to determine those areas of casework practice that could profit most from research, the committee goes right to the heart of this problem in a question it poses:

What makes a case successful, i.e., what are the evidences of success? Can we tell how successful a case is? Can we tell how stable the success will be, and if so, how?

The advent of scientific research to the field of casework in the last few years is one more indication of the rapid pace of our maturation in spite of our youth. As research finds its way, its methods in casework, I believe it will have an invaluable contribution to make in testing scientifically the soundness of our methods as well as defining and measuring more accurately our goals, successes, and failures. I should like to offer one more quotation from the prospectus of the Committee on Research: "Our field has now reached a

point where a systematic examination of its problems and assumptions may contribute to consolidating our gains and to making new ones. Methods are being developed for such systematic analysis. They are still very new, very experimental, and very much on trial." In spite of the many technical problems which research must solve in order to find its place in casework, I believe casework will ultimately profit immeasurably as, with the help of research, it will be able to test, modify, and formulate its hypothesis, its methods, its criteria, as well as techniques for the measurement of success and failure. Drs. Hunt and Kogan, in the introduction to their extremely valuable pamphlet, *Measuring Results in Social Casework*, state the problem clearly:

Through the years the literature of social casework has consistently pointed to the need for adequate measures of effectiveness of casework services. Unlike the situation in education with its many achievement tests, or in physical medicine, with its variegated techniques for establishing the results of treatment, social casework has lacked standard devices for assaying its functional utility. This is not to say that caseworkers in practice have neglected to evaluate the results of their activities. . . . Caseworkers and their supervisors have always had their own *subjective* estimates of the value of their services and the use clients have made of these services.¹

Since establishing criteria and developing standards of measurement which are scientifically reliable and valid fall within the province of research and since research has found its way to casework, it would be presumptuous for me to attempt to define such criteria here. I believe that it would fall more within my competence to crystallize the problem, to identify certain pitfalls and obstacles that must be overcome successfully in order that we may ultimately, through research, achieve criteria for casework practice.

The first problem that I would note grows out of the fact that over the last decades our intensive, professional endeavors have been focused upon development of competent methods of treatment, of adaptation from allied fields, of developing cooperative working relationships with allied fields, of creating an integrated approach to the treatment of the problems and people we help, of

¹ J. McV. Hunt and Leonard S. Kogan, *Measuring Results in Social Casework* (New York: Family Service Society of America, 1950), p. 5.

crystallizing a method of treatment in which our understanding of personality, of pathology, of process and service rests firmly within our control and skill so that we can offer it with a maximum knowledge and conviction as to our competence in administering such help. However, we have been so intensively involved in defining this process, so identified with the development of the particular approaches to treatment, that our evaluation of success has subtly tended to be more process-centered than client-centered.

I should like to illustrate what I mean. An experienced caseworker reading a case record in which treatment proceeds along a technical approach familiar and acceptable to him, will read the record with a high degree of objectivity and sound critical judgment. He will find that the case was well or poorly handled and will be clear in stating the premise for his observations. However, the same individual reading a case record in which the treatment proceeded along technical lines representing a different school of thought, not infrequently and certainly not intentionally, will lose his objective, critical perspective. A new set of feelings will color his critical faculties and, unfortunately, the tendency may well be to "search for evidence that the case cannot possibly be good or helpful." I hasten to underscore that no school of thought has a monopoly on this frailty in examining the work of another. There does exist the tendency to read a record, examine the method, and prejudge the effectiveness of treatment on the basis of the acceptability of the method. If the method used is a familiar one and one with which the individual reading is identified, one set of critical attitudes is called into play. If there are technical differences, a "what's wrong with this case?" attitude may be called into play with an inclination again to prejudge and reject the case. I hardly mean to imply that this is universally true, but I do mean to imply that this is frequent enough to pose a problem. It is necessary for us, in establishing criteria of helpfulness, to divide observations into two fundamental areas—areas which obviously are interrelated; and yet, if we are to move forward, we must view each area separately in order that we may ultimately determine the real connection between them:

1. We must develop methods and criteria for appraising what

has happened to the client, to his capacities for coping with himself, and to the problems that brought him for help, regardless of the methods used.

2. We must continue our efforts to refine and develop our technical skills and learn from our own experience and the experience of others the effectiveness of those skills in helping clients to achieve the criteria which we establish for casework help.

We are hardly alone with this problem. The field of psychiatry, more particularly psychoanalytic psychiatry, faces the same dilemma.

It is possible without much difficulty to find some basic agreement among the different schools as to the objectives of analytic therapy. But when one examines the literature it becomes clear that there are significant areas of disagreement as to how those objectives are realized, and further indications that the goal and the particular method are fused as inseparable entities. Thus, differences as to the length of time of treatment, the problems to be worked on and worked out, vary considerably among the Freudian, Rankian, Horney, Alexander, and other schools. While there is some agreement as to generic factors in the understanding of personality, character formation, psychopathology, and the neurosis, the application of that understanding to the particular therapeutic system varies from group to group, and the same uneasiness as to trusting the other fellow's results exists as well.

We will be attacking our professional problems of developing more adequate methods of treatment far more scientifically if we can achieve the freedom to appraise the results of treatment with the client, apart from the specific method used. Then later we can trace our steps backward and attempt to establish the causal relationship between treatment and result.

We must discover and accept the evidences of adjustment within the client and his use of himself as a separate phenomenon, which has been influenced by treatment, but now exists within himself; if we can achieve this we may discover that differences may represent riches rather than embarrassment, and may represent the source of stimulation for further growth.

We have suggested that it must be within the client himself that

the evidence must be found as to how much help he has experienced and how effectively he is using it. Without attempting to define specific criteria, I should like to suggest the three major areas within which such examination must be made:

1. *The self.*—What changes have taken place in the individual's feelings about himself? What evidence is there of more effective integration, self-respect, spontaneity, insight, self-understanding, self-control, acceptance of, and ability to deal with, his feelings?

2. *The area of intrafamilial relationships.*—What improvement or change has taken place in the significant relationships within the family? To what extent have the individuals more constructively related to each other with adequate meeting of their own needs and expression of their own feelings, and yet, adaptations and respect for the needs of others? To what extent has each individual grown in the assumption of his unique responsibilities within the family? To what extent specifically have the problems and intrafamilial conflict, which the clients originally brought, been modified or resolved?

3. *Significant social relationships and responsibilities outside the family.*—Within this category we can briefly distinguish between children and adults, and for children might evaluate what has happened to adjustments at school, with other children, at play, and so on. With adults we might evaluate adjustments at work, social relationships, etc. To what extent has there been change in relation to the specific problems which the client brought for help?

Obviously, this is a limited listing of a large variety of factors which might be considered under each of these three major classifications: the self; intrafamilial relationships; extrafamilial relationships and responsibilities. What becomes immediately clear also is that these are not mutually exclusive phenomena. These are interacting phenomena, and in varying degrees any case will reflect the interrelatedness of all three areas. However, the problems of the individual client will manifest greater disturbances in one area than in another. And the particular problems he has and is attempting to solve will determine the kind of agency he will seek out. The particular function and service of the agency will, in turn, focus the problem to be worked on and should point toward the

objective of help that stems from the service available, always dependent upon the client's readiness and capacity to use that help.

I should like to affirm here that generic to any casework help offered out of any agency function is a basic knowledge of personality development, pathology, and the helping process. A trained worker must have an adequate working knowledge and understanding of growth, conflict, manifestations of the neurosis, and their significance. However, beyond the generic there is specific knowledge, skill, and objective that is implicit in the varying casework functions. For example, emphasis and focus of treatment in the child guidance clinic will vary from the focus and emphasis in medical social service, public assistance, or in administering homemaker service under casework auspices. All of them must draw on the same reservoir of understanding, and yet the specific application of that understanding will vary because the help sought and the service of the agency combine to give different directions to the objectives of treatment. This does not mean that the help the client may experience will be inevitably limited to the resolution of superficial external problems in some agencies while deep inner change obtains in others. As long as the casework is predicated on psychiatrically sound understanding of personality, and an understanding of helping process, a client may well make profound use of any helping experience, the results extending far beyond the solution of the immediate problem. However, deep as the use a client will make of help may be, in any agency, it is important to underscore that the goal or the objective in terms of the kind of help to be expected from the agency and by the caseworker must vary in some degree according to the function of the agency. Thus, in the family agency we focus on the second of the three major areas suggested earlier, intrafamilial relationships. Though we integrate discussion about self, and extrafamilial relationships and problems, the continuing focus and emphasis is on the interrelationship of significant members of the family. This represents the continuing thread throughout the entire case. Therefore, in evaluating the effectiveness of casework help within our service, we are primarily concerned with the quality of change and growth that has taken place in these conflicted relationships and attempt to determine the extent to which

the unity and strength of the family as a whole has been improved.

My purpose in first defining the three major areas within which change in the client's use of himself may be sought, and then suggesting that the expectation of results and criteria of help must be related to the different functions in casework, stem from my belief that this whole question represents another problem or pitfall for our profession which must be overcome if we are to establish sound criteria for casework helpfulness. We do not have sufficiently differentiated criteria for different services in casework. All too frequently there is a subtle, nonarticulated standard against which caseworkers in various fields—child placement, child guidance, family casework, public assistance, etc.—measure themselves. The successful result, or the desired result, is conceived of as the total reorganization of the self of the client. The successful case then would be one in which the client has been helped to a complete resolution of his neurotic conflicts, an inner reorganization into an integrated individual who copes both with the problems that he brought and with other inner stresses and outer conflicts in a mature way—in effect, “a character analysis.” While this has not been defined as the goal, one finds in many subtle ways that it is the hope and unexpressed objective of the caseworker operating out of many functions; which then means that anything less than that achievement is a compromise, a lesser achievement, and not infrequently a frustration. As part of our task in establishing criteria for casework helpfulness, we will have to overcome the influences of this attitude which obviously stem from our deep identification with the contributions of psychiatry, and which further represent some of our continuing unclarity as to our differences from psychiatry. We must create casework criteria, casework goals that derive directly from the service we have to offer, wherein the method of help has certainly been psychiatrically influenced, but the objective of help must be indigenous to casework purpose and method.

Just as it has been recognized that there is a need for differential diagnosis, so there is a need for differential criteria of attainment, according to the particular combination of the personality of the client, the problem he presents, the service which he seeks and which the agency offers. I should like to underscore that the depth

and the significance of help or change which a client may experience are hardly limited to one function as against another. The worker will be freer and, I believe, ultimately more helpful when more definitive objectives have been established for casework service, and when those objectives are consonant with the purpose of the agency and with casework skill.

I return now to the problem we posed earlier—the relationship between the result of treatment and the method of treatment. We urged that we must focus our attention on the client and the change that he has experienced. It should be possible, ultimately, to define what we mean by adjustment in terms of the client's actual living.

In the Jewish Family Service we have found it extremely valuable to arrange for follow-up interviews set for a substantial time after the termination of treatment. Upon the client's return, we have a rich opportunity for appraising how stable the effects of treatment have been. The client shares his own feelings about progress or regression, his feelings of comfort or discomfort with his ability to cope with himself, his emotions, his family, etc. Since treatment ultimately is for the benefit of the client, not for the defense of a method, I am convinced that by examining the rich resources we have in the thousands of cases that come to us, we should be able to define, in terms of the client, what we look for in him as evidence of change, growth, and adjustment.

I believe when we have finally achieved that goal, we will discover that clients are truly helped by varying approaches to treatment—that the problem is not the "right versus the wrong" method—that while there are significant technical differences, there are common generic roots, sometimes obscured by semantics or feelings. The ultimate common goal should be that of finding the most effective methods as well as the most economical in time, energy, and cost, to the client, to the agency, and to the community. And in this search for the most effective and economical method of treatment, we face one of our most challenging technical problems.

As we pointed out earlier, there is considerable agreement about character development, but there are substantial differences as to what it is an individual must experience in order to achieve change

or growth. I shall quote from two different approaches to the problem.

Dr. George Frankl, in his very stimulating article, "The Dilemma of Psychiatry Today," writes:

In a classical psychoanalysis, layer after layer of the past emotional development of the person is explored in a slow, retrograde process until one arrives at the point where the harmful conflict originated. This is necessary because its beginnings are beyond reach otherwise. They are buried under a huge superstructure of undesirable consequences in the character development of the person.

This slow, step-by-step return to a point, usually in early childhood, is not carried through merely intellectually by bringing back to the memory decisive events and experiences of the past. The patient has to relive emotionally his past conflicts as he gradually wanders back through his life. While doing this he is asked also to revise and remould his attitudes towards people, towards events, and towards himself, at the very point where those attitudes were created. In its sum total, the procedure is a colossal procession of "regression" to a critical point, usually in early childhood, and then of rematuration on a healthier, unneurotic basis. . . . Such a radical and exhaustive procedure is extremely time consuming and expensive.²

Alexander and French, in their book *Psychoanalytic Therapy*, write:

Our study started by questioning the validity of certain traditional beliefs, certain psychoanalytic dogmas.

1. That the depth of therapy is necessarily proportionate to the length of treatment and the frequency of the interviews;

2. That the therapeutic results achieved by a relatively small number of interviews are necessarily superficial and temporary, while therapeutic results achieved by long treatment are necessarily more stable and more profound.³

The authors conclude, out of research and experience, that a brief therapy, if it is used with full diagnostic understanding of the problem and personality of the patient, can very frequently meet the full therapeutic need of the individual. They go on to state their convictions that it is not necessary to retrace step by step the life ex-

² George Frankl, "The Dilemma of Psychiatry Today," *Mental Hygiene*, XXXIII (October, 1949), 555.

³ Franz Alexander and Thomas Morton French, *Psychoanalytic Therapy* (New York: Ronald Press, 1946), p. vi.

perience of the individual in the course of treatment. They distinguish between research into the genetic development of personality and a method of treatment. I believe that there is considerable agreement between Alexander and Frankl in an understanding of character development, in the cause and genesis of the neuroses. Obviously, the difference lies in how that understanding is applied in treatment.

While these quotations are taken from the psychiatric literature, we know that derivative problems exist in the field of casework. For example, the underlying philosophy upon which counseling is practiced in my own agency, predicated on many years of experiment and experience, has convinced us that while it is essential to have a comprehensive understanding of the genetic development of personality, and an appreciation of the many experiences in the life history of the individual that have inhibited growth and deflected energy from constructive development, treatment is not dependent upon a careful etiological reconstruction with the client of his past.

When research undertakes the task in the years ahead of determining the relationship between method and results, we plan to test the hypotheses upon which our practice is based. One of those hypotheses is that the human being has, as a vital part of his emotional fabric, powerful constructive forces and impulses which seek and strive for harmony, unity, and adjustment. In the course of the life history of the individual these forces may be derailed, repressed, denied. Usually such diversion of constructive energies results from unhealthy relationship experiences with key individuals in the family drama, i.e., parents, siblings. However, when through another vital emotional relationship, the client-worker relationship, some of these constructive forces begin to be available to the client, then we have found that he begins to play an important part in determining the momentum of further change or growth, of what he needs in the way of continued and additional help.

In essence, we have found that significant change can and does occur, without consciously handling in treatment all the specific traumata the client has previously experienced, which indeed did inhibit his normal psychological development. All the varied and

complex streams in the client's life experience feed into the ongoing mainstream within him, his ego, and when impulses for growth and change are released, tested, guided, shared, and respected within the helping relationship, then the ego begins to take possession of these constructive energies and attempts to fulfill in its own way its responsibilities for adjustment. These psychological forces, operating internally, may be compared to physiological processes—illness or restraint may impede physiological growth—but when the body has received necessary assistance and relief, then physical growth, recovery, reconstruction, will proceed with help, on the basis of the unique internal conditions of the particular individual, and this will ultimately govern the rate and extent of recovery.

If in the helping process we are guided by a principle that requires the uncovering "layer after layer" of the life experience, we are being faithful to our understanding of the genetic stages in the development of man, but we may lose sight of the dynamic nature of growth. While repressive forces in the individual's life have succeeded in inhibiting his emotional development, we who seek to free these constructive energies must recognize that we carry only part of the job—insight, support, interpretation, relationship, transference—all the techniques for which we are responsible and which we determine and control are for the purpose of setting in motion a process within the individual over which, in turn, he is the determining factor. At times, his movement and growth may be beyond our expectation. We must learn to test this movement to see how reliable it is; but then we must be prepared to respect it too, even though we anticipated something different. At other times, movement may be very slow, full of resistance and regression, and treatment may require considerably more time, and more detailed and comprehensive review and reliving of much of the life experience. And then, armed with insight, interpretation, and understanding, we know that some individuals will use this full experience for true integration, growth, and adjustment—but others will not. Here again the client's own will is the final arbiter of his use of help.

We believe that it is essential to have a rational, organized under-

standing of the genetic development of personality, a rational, organized method of treatment which can be described, taught and learned. At times, however, this has been equated with the actual life process within the individual. This, we believe, can lead to a mechanization of the helping process, requiring the movement within the individual to proceed according to our understanding of the general laws of behavior, without full appreciation of unique and, at times, unpredictable factors that differentiate every individual, in some degree, from such generic principles however dynamic.

We are convinced, as we stated before, of the need for basic psychiatric understanding of personality and behavior. But we will use these most effectively in the helping process when we learn that the partnership into which we enter with the client in treatment permits him at least 50 percent of the voting stock in determining the course and the content of treatment:

The client's personality has been moulded out of countless life experiences. The determination of the problems to be considered in treatment, however, must flow from the client's movement in the helping process as he struggles to achieve a more effective understanding of himself, and an effective balance between his purely personal needs and his role and responsibility as a family member. The counselor must be alert to the ebb and flow of resistance and progress. Sometimes a utilization of past experience, sometimes concentration on present experience, will be called for. The cue must come from the immediate use the client makes of himself and of treatment. Thus, neither exploration of the past nor concentration of the present represents treatment in itself. We must draw on any content that seems most useful at the moment to further the client's understanding of his own behavior, to aid his ego in realizing its function of perception and integration.

We believe that the genetic and the dynamic merge into the truly therapeutic when we fully appreciate the significance of the client-counselor relationship as the emotional core and substance of the helping process. Then one freely uses any experience, past or present, to implement the progress of the counseling relationship.⁴

This is a highly condensed account of a few of the underlying hypotheses upon which our practice is predicated. I have not attempted to deal with other vital factors in the setting of treatment, such as structure, time, and so on. We all know that other points of

⁴ *Family Counseling* (New York: Jewish Family Service, 1949), pp. 31-32.

view about methods of treatment exist in casework. Here then lie the challenge and the need for study.

First, we require the establishment of agreement as to what is satisfactory evidence of change in personality. Then we have the obligation of joint examination and research. In the past, study and examination have been exclusively in the hands of those most subjectively involved, the practitioners themselves. Research offers the promise and hope of more scientific and less subjective evaluations of results, and the relation of method to result.

We must look forward to agencies of similar function but varying approaches to treatment, designing common research projects, comparing methods and results, learning from each other. This is a task of monumental proportions, and yet I believe it represents an obligation to ourselves, our profession, and the community we serve.

The Role of the Clergyman as a Counselor

By SEWARD HILTNER

MY FUNCTION WOULD APPEAR TO BE, not to defend the clergyman's right to counsel, but to define his role as a counselor, especially when seen in relation to the role of other professional groups which also engage in counseling.

If counseling for mental health involves counseling on as much of the whole personality as possible, then a case can be made in favor of the clergyman's having been closer to this ideal through the ages than any other person. The traditional phrase for the clergyman's activity is the "cure of souls," which means the general care and not merely the therapy of souls. The "soul," we may remind ourselves, has not referred to an ethereal something divorced from everything real in life, but has meant the same as "psyche," from which come both psychology and psychiatry.

In the earliest days of Christianity, the cure of souls was exercised in informal ways and on a group basis. But soon something else had to be added, especially when some of the brethren began to backslide. In such instances, some action of a correctional character had to be taken against the individual who had violated common standards. In another century or two the authority placed in the hands of priests and bishops had so increased that the discipline by the group in relation to the individual was generally exercised by these officials.

As Christianity developed and spread to northern Europe and the British Isles, it came into the lives of peoples who had neither the Semitic nor the Hellenistic background of thought or conduct. Therefore, the disciplinary function in the cure of souls became still more important. By the eighth or ninth century there were hundreds of little books and pamphlets being used over Europe

advising priests on how to treat people who had offended in this way or that. We now call these collectively "penitentials," because they dealt with the administration of penance. Although they appear to us today frequently barbaric and extreme, and are clearly centered on the offense rather than the offender, they represent an important move away from mere arbitrariness in the corrective action of a powerful institution against those of its members who offended group standards.

At the same time, there was developing another kind of action by the group in relation to the individual. Discipline and penance were for those who violated the standards of the group. But for those stricken by grief, for deserted mothers, for the victims of plague, the help given was often informal; unlike the correction of offenders, it was not legalistic.

The disciplinary function in the cure of souls tended to become more legalistic in the church as the Middle Ages went on, in spite of changes to a different spirit in such movements as that of St. Francis. But we need to remember that the other kind of helping activity, in which offense was not involved, was proceeding at the same time.

As Protestants see it, the Reformation brought a new spirit. There was still to be counsel, help, and even discipline; but there was a new sense that all men sinned and were offenders in God's eyes, and that release from this situation was always a gift of God's free grace. The net effect was to diminish greatly the legalistic trends, and to make the pastor's activity much more a representative than an authoritative one. In spite of many backslidings toward legalism, it is this spirit of the Reformation to which we have returned in our modern views of pastoral counseling.

It is worth noting that church history is like general history in the distinction it made between the person who deserved help as against the one who required correction. Nowhere is this more clearly seen than in relation to the mentally ill. Considered responsible in some way for their condition, in a sense in which the victim of pneumonia was not, they were outcasts throughout past ages. We now know that such a simple distinction between those responsible

or not responsible for their condition and behavior violates the facts.

Especially in Protestantism, the disciplinary function of the church exercised through the pastor tended to decline until, in the nineteenth century, it became almost nonexistent. Pastoral care was exercised, often well and devotedly, but it was thought of as an "art" in much the same way that the social service of that period was similarly viewed; that is, there was no clear recognition that the practice or operations of helping were based on a body of knowledge which required study and continued exploration.

The stimulus to the new movement of pastors in counseling has come mainly through the impact of what we may call, generically, the life sciences. The key was found by Freud. The most general point of significance about this impact is what we may think of as the priority of developmental questions. If a man faces bereavement, if a woman is considering divorce, or if a youngster has stolen a gun, the first and primary question we now ask is: What does this mean to this person in these circumstances? If we are to have any chance of answering the further questions of whether the behavior is right or wrong, or how to change it, this developmental question must be asked first. Until those facts of psychic life which are symbolized by the term "unconscious" were recognized, it was impossible for any group or profession to see the prior character of this question. Once genuinely understood, one cannot proceed on any other basis.

Most of the clergy were proceeding, until a few years ago, on the basis that they did pastoral care or counseling as an art; that is, they improvised according to the capacities resident in their own personalities. They were not and could not be aware, any more than were physicians or social workers of the same period, that this was proceeding without knowledge of the actual processes going on, both within the parishioner and between the pastor and parishioner. It took the impact of the developing life sciences, and especially the dynamic psychology implied in psychoanalysis, to begin a significant change.

The life sciences were emerging in the late nineteenth century.

It was natural that they should have, at the beginning, coveted the apparent exactness of the physical sciences, and imitated the philosophy of positivism which had become attached. When discoverers like Freud set forth observations which we now know to be fully as important as he thought, it was equally natural that the clergy should be resistive to recognizing their truth since Freud and so many others attached a positivistic or reductionist philosophy to them. It was to take two or three decades before the proper distinctions could be made, and the realization that scientific philosophy was not a necessary consequence of applying the scientific method to problems of human life.

Because of these misunderstandings at the theoretical level, it was not actually until the twenties that there came to be serious study of the genuine findings of the life sciences as applied to the helping activity of the clergyman. The greatest single factor in this trend has been the movement for clinical training of the clergy. Clergy and theological students entered mental and general hospitals and penal institutions in order to study, on a day-by-day and hour-by-hour basis, the psychological and spiritual factors which tend to be brought into the open by the causes which bring people to these institutions. This study was undertaken, from the beginning, under pastoral supervision, as well as with the aid of physicians and others. It was a pastoral approach of a clinical character, not to psychiatry or medicine or social work, but to an understanding of the pastor's role in helping people. Several thousand members of the clergy have now had such training. In addition, the obvious value of such knowledge and the skill engendered has made an impact of large proportions upon the classroom programs of the theological schools. The program of the Federal Council of the Churches of Christ in America in this field suggests that these conceptions stand no longer at the periphery of the pastor's interest, but are considered part of the fundamentals which any pastor needs to practice the Christian ministry in this age.

During the late twenties and early thirties, the emphasis was upon understanding the patient, just as, at the same time, the emphasis in the other professions was on understanding the dynamics of the patient, out there. In the early thirties we began to study

methodology, that is, an incipient study of the relationship between pastor and parishioner. In the late thirties and early forties we began seriously to put these two together, and to come then to consideration of the third facet of the pastoral counseling relationship, the attitude of the pastor and the way this communicates itself in the counseling process. This largely parallels the developments in psychiatry, clinical psychology, and social casework.

We pastors must acknowledge in no uncertain terms our indebtedness to psychiatry and psychoanalysis, to clinical psychology, to casework, and to the studies on which these are based. We have not had to proceed in isolation. But it is equally important to point out that we are not mere borrowers. We are not just using scientific findings ferreted out by other people. The moment we began to study the meaning of the counseling process as undertaken by pastors, we had ourselves become life scientists. Increasingly, we learn more about what is distinctive to the pastor's counseling from study of our own actual practice. We no longer see the life sciences over there and ourselves in here.

The clergy are no more automatically immune to professional temptations than is anyone else. As psychiatry and psychology and social work have had their forms of imperialism, so we have had ours. A pastor who carries developmental knowledge and counseling skill into his work will hardly be flattered if asked how he got the psychiatric or psychological or casework point of view. He may well retort with heat that he is not poaching on other preserves, but staked his claim a long time back.

The fact is that the dynamic knowledge on which all counseling and psychotherapy are based is much closer to being the village green than a private lot. This is vastly clearer to all of us now than it was ten years ago. Maintaining the proper distinctiveness of one's profession no longer implies that every tool or bit of knowledge one uses must be considered the exclusive property of that profession.

At a conference of clergy and psychiatrists held a couple of years ago, an attempt was made to define the functions of the two groups in fence-building terms. Could we say that the function of one stopped here and another began, and vice versa? This attempt was soon dropped, for it does too much violence to the facts. Instead,

we agreed that each group had a "focus of function," that this focus could be defined more or less clearly, but that definitions in terms of building fences were neither accurate nor helpful. Only maturity of thought in a profession can stand such a conclusion without a feeling of insecurity and defensiveness.

The counseling work of the clergy begins in connection with the natural crises of life: birth, entrance into adolescence, marriage, vocational choice, entering old age, and death. Paralleled by the rites or sacraments of the church, it is clearly the clergyman's function to give whatever supportive or general therapeutic assistance is needed at these occasions. He has the entree, the contact, the relationship. He also has the special resources of religion. He simply goes into action to meet need with the help of his new as well as his old knowledge. In recent years, this has been conspicuously true in relation to premarital counseling and helping the bereaved.

He also counsels "on demand." Such demand does not necessarily mean waiting until parishioners come to his office. We have seen increasingly that the traditional pastoral calling, if exercised with an alertness both to potential problems and to potential productivities, can make many people receptive to counseling help when they could not bring themselves to go to see any professional person.

The special crises of life, not dictated by general stages in life development but by circumstance, also open the way for the pastor. Illness especially brings psychic as well as physical need into the open. The help given may be largely supportive where reactive emotion is high, or it may be counseling looking toward new insight and character change when the parishioner is ready for it.

The pastor is clearly limited in time, in the intensiveness with which he may approach counseling. He has, not a multiplicity of roles—we feel he has but one role—but a diversity of activities or functions. He cannot, in the light of his responsibilities, see some parishioner an hour a day. All intensive counseling must be done by other professions. He will also, if wise, learn his personal as well as his professional limitations, and refer not only when he is ill equipped but also when someone else can do the job better than he.

But he will not consent to some such arbitrary dictum as that the caseworker should handle all family relations problems, or that the

pastor should leave psychotics to the psychiatrist. He may have an entree and even a skill in relation to a family situation which may make him better able than a caseworker to help a family, or which may make him a valuable adjunct to what the caseworker can do. With the psychotic, he can clearly not assume the therapeutic responsibility, but he may have an important pastoral function beside the psychiatrist. And who can say that what he does is not therapeutic?

The pastor is, of course, peculiarly concerned with religious problems. But religious problems appear in two forms. They may be problems which are considered to be religious by the parishioner, whether the pastor would consider them so or not. And they may be problems of ultimate destiny which are, in fact, therefore religious but which are not so considered by the parishioner. The pastor needs the equipment and discernment to work with both.

Sharp lines become harder and harder to draw. We have found that people who seek the pastor's help on programs, let us say, of attitude toward God also have similar problems in attitudes toward other people and themselves. Whatever we can do to help attitudes toward God inevitably helps these attitudes as well. Our channel of access may be different. But we all work on human character as a whole, else we are not counselors at all in a mental health perspective.

From the earlier historical remarks, it is clear that much of the counseling work of the clergy has heretofore contained certain assumptions that we should now regard as authoritarian in character. To transcend tendencies toward authoritarianism is still the chief requirement if more effective pastoral counseling is to be done.

But just as the counseling of the pastor cannot, automatically and at one stroke, divorce itself from assumptions once attached to it, so it is our belief that we cannot achieve what we need by any attempt to imitate or take over the assumptions of other counseling groups, especially when we regard these as, if anything, less deep than our own.

It is my belief that many of the assumptions which underlie the counseling work of psychiatrists, psychologists, and caseworkers are based on the same kind of "automatic harmony" notion that gave

rise to eighteenth-century rationalism in philosophy, laissez-faire thinking in economics, and deism in theology. This is a kind of metaphysical positivism and appears to be at the farthest remove from authoritarianism. But, in the same way that psychoanalysis tells us the superego and id are in secret alliance, so it seems to me an extreme authoritarianism and an extreme automatic harmony doctrine are in secret alliance. For both attempt to solve the problem of relation between individual and group at one fell swoop, by arrogating all power to the group or by denying any rightful power to the group.

The clergyman considers himself not solely as a professional person but as a representative. He is not only trained, but is also called. He has functions to perform, but the context of these functions is his representative capacity. This makes authoritarianism his chief temptation. But if it is so recognized, it can be overcome.

The other counseling groups came to professional self-consciousness only of late years, when positivism and automatic harmony seemed necessary in order to get away from dogmatism and authoritarianism. But to us pastors, there appears to be a temptation here of equal gravity with our own. Trust of the residual powers of the personality is very important, but it is not enough. A positivistic assertion that it is enough only succeeds in repressing the deeper question of the assumptions upon which this is based. It ignores the fact that the caseworker, for instance, also operates in a representative as well as a professional capacity, even though what he represents may be more amorphous and harder to define than in the clergyman's case. It would appear to us that a transcendence of both authoritarianism and automatic harmony assumptions would help deepen the assumptions upon which we all proceed in counseling.

The comments made have been chiefly concerning the development and viewpoint of counseling by Protestant clergymen. For various reasons, the movement here briefly described has felt more at home in Protestantism than among Roman Catholics or Jews.

One would be presumptuous to attempt to comment in any other than a descriptive way on the status of these trends in other groups. But it may be said that there are the beginnings of genuine

interest in both the Roman Catholic and Jewish groups. The first advance among Catholics was made through Catholic social workers and social agencies rather than by priests. But American priests increasingly make use of dynamic psychological insights in their counseling done outside the formal confessional. I am informed that this is reflected so far in the curriculum of the theological schools only in minor degree, and is acquired mainly on the job.

The role of the American rabbi in Judaism has been somewhat different from that of either the Protestant minister or the Roman Catholic priest. He has been more teacher and more general leader, and has therefore tended to devote less attention to anything appearing to be a special interest. Significant moves are now on foot, however, to redefine the role of the rabbi in counseling his people, and to include training for this in the curricula of the schools.

The clergy of all faiths have always been counselors, and have come closer historically to treating the whole man than has any other professional group. Today we are learning the immense value of process knowledge within the psyche and in interpersonal relationships, as prerequisites to our counseling activity. In doing so, we make grateful acknowledgment to other professions for the tools they have made available to us. At the same time, we are on our own, discovering for ourselves, refusing to be content with theory or practice which relies on merely positivistic assumptions. We attempt to deal with our own traditional temptation to authoritarianism.

We are very far from the achievement of our goals. Even a reasonable accrediting system for pastoral counseling might admit as qualified only a tenth of our Protestant pastors. But both the number and the proportion are growing. More clergy are taking clinical training. More good courses are available in seminaries. We now have three journals devoted to these interests. More and better books are appearing. We shall move ahead slowly, but the direction seems clear.

Resistance in Delinquency

By HARRIS B. PECK, M.D.

ON A DARK, MOONLESS NIGHT some two years ago, fifteen-year-old Philip Cotler tried to pry open the door of a warehouse. His efforts were rather clumsy, and the crowbar he used was ill suited to the purpose. After blundering about for a half hour he found himself spotted by the headlights of a police patrol car. In his panic to escape he ran down a blind alley and was easily cornered by a single policeman. Philip did not resist, and in short order he found himself before a judge of the children's court.

The officer, in a bored monotone, recited the details of Philip's apprehension, and then the boy was called to the stand. The judge turned to him and in a not unkind voice said: "Well Philip, you have heard the officer's report, what have you got to say for yourself?" Staring fixedly at the floor, and without even looking up, the boy sullenly muttered: "I didn't do it." The officer's color deepened perceptibly, and the judge became a little less kind: "Come, boy, you were caught in the act. Lying will do you no good."

The advice went unheeded, nor was there any significant change in Philip's demeanor at the detention home or during the course of the probation officer's investigation. He was sullen, evasive, and untruthful in his insistent denial of responsibility for the act which he had undoubtedly committed.

Our first glimpse of Philip at the diagnostic clinic provided us with no easy explanation of his puzzling behavior. He was neither psychopathic nor psychotic. He had the capacity for moral judgments, the emotional equipment for experiencing guilt and anxiety, and an intelligence adequate enough to perceive that it might go worse with him if he persisted in his "uncooperative attitude." But persist he did and in a way which seemed to promise considerable resistance to any therapeutic endeavor.

Philip's mother, on the other hand, was more helpful. She pro-

claimed herself ready and anxious to assist the clinic, said she had suspected that Philip had been stealing and now, alas, was beyond her control. Mrs. Cotler said that she had tried hard, since her husband's death, to bring up Philip as a good boy, but despite her efforts Philip had begun to play hooky. But that wasn't his fault; the school was bad. It was overcrowded, and the teacher took no interest in a boy like Philip who maybe needed a little extra attention. The teacher was mean to him, and that was why Philip refused to go. He wasn't really a bad boy, it was just the kind of tough crowd he had gotten in with in the neighborhood. It was a bad neighborhood. She would like to move out but what could she do on a relief budget and apartments so hard to get? Nevertheless, she would be glad to cooperate in any way the clinic wanted her to.

I have tried to sketch the bare outlines of the sort of case that is familiar to any intake worker at an agency which sees delinquents and their parents. Even with such meager information as this, the skilled worker might well hesitate to accept the Cotlers for treatment. An agency which attempts to select those who seem most capable of utilizing its therapeutic services might well be concerned about the probable difficulties likely to be encountered in the course of treatment for either this boy or his mother. The boy, by denying even his commission of the delinquent act, certainly offers little basis for setting up a relationship designed to explore either his present difficulties or other life problems. His mother, ostensibly so anxious for help, at once is overprotective of her son and displaces all responsibility outside herself onto schools, teachers, relief, etc. Although much of this material is undoubtedly rooted in reality, we may predict that it will be used by the mother in evading her own direct involvement in a treatment relationship.

If an agency accepts a case such as this, it is likely that appointments will frequently be missed by both mother and child, and there will be a tenacious adherence to externals on the part of the parent, prolonged sullen silences on the part of the boy, and the likelihood of continued delinquencies. Such a case might well be considered unsuitable for treatment by the judicious intake worker who discerns the strong defenses implicit in the mother's denial of her own role in the child's difficulty, and the boy's seemingly ir-

rational protestations of innocence. The resistances are too great.

I have begun to suspect that if by this pronouncement we refer only to the defenses against treatment erected around the anxiety-laden material in the patient's unconscious, our statement is only a half truth. For I am coming to believe that one cannot speak of the resistance of patients like Mrs. Cotler and her son without at least examining the resistance of those of us who assume the responsibility of being helpful to them. If it seems offensive to make such unorthodox use of the term "resistance," I will not quarrel with those who prefer to examine these questions in terms of the inflexibility of certain of our treatment agencies in their approach to the delinquent and his family. It may be of interest, however, to recall that the analyst who encounters frequent treatment failures with certain types of patient does not hesitate to search for inner resistances within himself which he may suspect of being at least partly responsible for certain of the obstacles encountered in treatment.

When I speak of the resistances which are present in both agency and client in the field of delinquency, I refer to certain defects in our approach to the delinquent which seem to be almost deliberately contrived to foster rather than resolve the problems of inaccessibility so prominent in the delinquent and his family. Of course, when I speak of "the" delinquent, you know that I do not refer to a single diagnostic entity, since delinquency may embrace almost all or any of the traditional psychiatric classifications. This broad motley of pathologies, however, is drawn together because all these disturbances seem directed outward rather than inward and because they usually result in acts which the community considers to be hostile to its general welfare. If there are any dynamics common to such a broad group of disturbances they appear to be related to experiences perceived by the organism as deprivation. This connection between deprivation and hostility occurs because of the tendency of the child to act as though adults had an inherent awareness of his needs. Failure in this regard is perceived as deprivation by the child and leads to frustration and a reactive aggressive response.

The relationship between the kind of hostile acting out which

we call "delinquency" and deprivation is reflected in the high incidence of delinquency within those areas which lack adequate housing, school, recreational, and medical facilities. In the treatment of single individuals the treatment plan is not formulated on the basis of symptoms but rather in terms of the underlying dynamic needs. So as we progress in our understanding of the complex relationship between the individual delinquent and the defects within the community, we must inevitably move toward revision of our present inadequate social arrangements, rather than continue our fruitless attempts to resolve an unending series of critical situations.

By the time the delinquent's disturbance has progressed so far as to bring him into trouble with the neighbors, the school, or the police, there is usually a marked distortion in his relationship with authority. Authority is connoted to him not only by a judge or a probation officer, but even by the seemingly friendly and well-disposed caseworker who sits across the desk smiling her most permissive smile. It would seem, then, like asking for unnecessary trouble to attempt to approach the delinquent in settings which are calculated to precipitate almost insurmountable resistances at the very outset of treatment. Workers in the field have recognized for some time the therapeutic advantages to be gained in meeting the delinquent at places to which he comes spontaneously and where his initial encounter is with people not associated with his unpleasant experiences with authority. Our experiences in the use of group therapy as a treatment method for delinquents and their parents at the New York City Court of Domestic Relations lead us to believe that most of the children we see are better able to tolerate adults with the support of a group of their peers. The group is especially useful in so far as it tends to dilute the intensity of face-to-face relationship with an adult, a situation which is sometimes unbearably threatening to these children with critical disturbances in their relationship with authority.

Such thinking about treatment approaches may well be irksome to those who have already attempted to meet the problem in this way within some of our traditional community and social group work settings. They point out, and correctly, that those most in need of attention are precisely the ones who are apt not to be helped

at a playground, community center, or parents' discussion group. The families who ultimately appear in court are likely to be the ones who do not attend such agencies, or if they do come, they may drop out or even be forced out because they are disruptive elements within the groups usually available to them. This dilemma, however, is not an insoluble one unless we permit our resistances to make it so. For if we agree that we ought, wherever possible, to change the kind of settings in which we treat delinquents, to move from the formal confines of the court or traditional casework agency to the community center, playground, hospital clinic, vocational agency; then we, who are especially qualified to do treatment, cannot at this point wash our hands of the whole business. We cannot say, "This is not our job." We cannot justify our desertion of the delinquent with the alibi of poor prognosis until we have taken the necessary steps to reduce the large number of treatment failures in this field. Our failure to do so is a symptom of our resistance against extending ourselves beyond the habitual patterns, the traditional confines of our agency structure. Thus the delinquent, who is so often the scapegoat of the disturbances within his family, is forced to bear a double burden. He not only suffers for the community's failure to provide satisfactory materials for his growth and development, but in addition he is rejected and neglected in the distribution of services required to repair the damage already done to him.

If this state of affairs is to be altered we will have to begin now to revise drastically many of our present ways of approaching delinquents and their families. I believe it is essential to any such revisions that we stop regarding the delinquent as someone whom we must keep from doing an undesirable act; rather our emphasis must begin to be on providing services within certain areas of our community with a view to meeting the needs of deprived individuals within such areas. Those agencies whose operation seemed to be dictated by policies of "sit and wait—let them come to us" must critically reexamine the attitudes implicit in such a way of functioning. We have already discarded such attitudes in the fields of education and public health, and they most certainly have no place in a comprehensive community program against delinquency. Such a

comprehensive program is envisioned in the work of the New York City Youth Board. The functioning of this agency is especially unique in a city remarkable for its vast conglomeration of private and public agencies. The basic premise on which it operates is an acceptance of community responsibility for providing for the uncovered needs of children in New York City—not only children who get into trouble, or children whose parents ask for help, or families who are “accessible” to treatment, but children “with unmet needs.”

A significant characteristic of the Youth Board has been the intimate interrelationships which it has evolved in its work with a great variety of widely differing agencies. Recognizing that delinquency is not a single problem but a complex of problems with aspects in the fields of health, welfare, psychiatry, social group work, and education, its orientation has of necessity been multidisciplined. It has not hesitated to call upon any resource or facility within the community whose operation touched relevantly on its job of providing services for the children whose total life situations are thrusting them into delinquency. This has meant a considerable broadening of the case-finding process. Research into area distribution of delinquency calls for involved and detailed knowledge, not only of statistical, but also of the cultural variation within the various areas of the city.

In its approach to intake problems the Youth Board has emphasized that the process is both a taking in and a reaching out. The concept of reaching out should be an essential part of any program which attempts to offer treatment services to people whose previous experiences have intensified their feelings of defensiveness and suspiciousness toward those who ostensibly are interested in helping them. All of us who have seen individuals with strong resistances in our office must be sharply aware of the tremendous advantage enjoyed by a worker who is able to establish herself in a meaningful way within the reality setting confronting her clients in their day-to-day living. It is the experience of the Youth Board that it is both possible and essential that such extensions of service be carried on at a level acceptable to the client. The experienced caseworker is aware that one may visit the client's home, community center, or

neighborhood without intrusion if such activities are carried on with a real respect for the integrity of the client, and if one is prepared to assume the responsibility of offering the kind of substantial services implied in such overtures to the client. These services must not only be nominally available, but actually accessible to those who might require them.

I believe that an approach along the lines suggested may also carry with it a possible solution to some of the problems of obtaining adequately trained personnel to meet the increased burden thrown upon available treatment resources by any such comprehensive program as that of the Youth Board. I believe we must transfer the area of functioning of selected treatment personnel to community agencies within high delinquency areas such as schools, playgrounds, and community centers. If such personnel are used both in participating and supervisory capacities it may be possible to add to our treatment resources in a way which may be more effective and economical than merely trying to create new treatment agencies, remote from the settings more accessible to our prospective clients.

These arrangements are not easily made, and yet unless we make provision for them soon we will have to acknowledge that when a boy like Phil Cotler insistently denies his guilt, he may be right. Perhaps he did not do it and maybe we did. It is just possible that it is about time we started doing something about it.

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NOTE

A companion volume, *The Social Welfare Forum, 1950*, the Official Proceedings, contains the papers of broader and more general nature, those presented at the General Sessions, and a few presented at Section meetings. In addition to the papers listed here, *The Social Welfare Forum, 1950*, contains a summary of all the papers presented at Section and Associate Group meetings.

